Delivering mental health services through community organisations in Manchester

Evaluation of the Mental Health Grants Programme (2016-2018)

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Foreword

Dr Ruth Bromley, Chair of Manchester Health & Care Commissioning

As a GP in Wythenshawe, I know only too well the impact that mental health problems can have upon my patients and their loved ones. Whilst caring for patients with formal diagnoses is an important part of our work, we also look after many patients whose struggles and vulnerabilities come from life's challenges and from complex domestic circumstances. Whilst General Practice, community and hospital care all have a great deal to offer in the overall package of mental health services, long-term improvement in well-being is often rooted in solutions best found away from the consulting room.

People may be experiencing isolation and loneliness, anxiety due to a financial, debt or housing issue, or they may be under pressure due to problems at work or not being able to get a job. Grief and bereavement also cause people to feel unable to cope and to look to someone for support. What you will often hear referred to as the 'wider determinants' of health are, in reality, a set of life events that could befall us all. So, alongside 'doing the medicine', our response needs to be about seeing the whole person, treating them within the context of their lives and demonstrating and respecting their 'humanness'. That is something that matters a great deal to us all at MHCC.

As commissioners of health, public health and adult social care services in Manchester, we take seriously our duty to work with other sectors and organisations in the city, in order to improve the life experiences of our population. It is part of our responsibility to notice gaps in services and look at new ways of delivering care. It is this responsibility which led us to establishing the mental health grants scheme in the first place and we are extremely proud that this evaluation report so clearly describes its successes. It is this understanding of humanness and the imaginative attention to bespoke care, provided by our voluntary & community sector colleagues, that does so much to enhance the opportunity for renewed hope and recovery for so many of the people in our city. In short, this report celebrates the huge contribution that voluntary and community sector organisations make towards improving the health and wellbeing of so many Manchester people.

Despite the financial challenges being felt across the public sector, MHCC remains committed to seeking ways of investing in Manchester's voluntary and community sector. We have recently committed to a new grants scheme to be launched later in 2019, where we will work closely with Manchester City Council to see how we can support the growth and development of schemes in neighbourhoods and communities that currently have fewer resources.

So thank you to all the organisations who have run such amazing projects, to all the partners who have worked with us throughout the programme, and an extra special thank you to Macc who, once again, have helped us by administering the programme and ensuring such smooth running. We are unendingly grateful to you all.

Acknowledgements

First and foremost, Traverse would like to thank the project leads across the 35 projects that received funding for their contribution and sustained involvement in the evaluation.

We are also extremely grateful to the service users who took part in interviews and were willing to share their personal stories and experiences of the projects with us, adding depth and richness to our understanding of 'what works' in mental health service delivery.

We also want to thank Manchester Health and Care Commissioning (MHCC), Greater Manchester Mental Health NHS Foundation Trust (GMMH) and Macc staff who also generously contributed their time and expertise to help inform the evaluation.

Traverse are also grateful to MHCC and Macc for their commissioning and ongoing support of the evaluation of the Mental Health Grants Programme.

Executive summary

Manchester Health & Care Commissioning (MHCC) funded and developed the Mental Health Grants Programme in partnership with Macc.

The primary aim of the programme was to improve the mental health and wellbeing of people with mental health problems living in Manchester. The programme had 3 objectives:

1) To increase social inclusion within their neighbourhoods of people with serious and enduring mental health problems;

2) To increase the take-up of Improving Access to Psychological Therapies (IAPT) services among communities that find them difficult to access;

3) To increase the level of support offered to people with mental health problems who find it difficult to access existing services in their neighbourhoods.

Funded projects

In November 2016, the programme awarded 35 grants of up to £10,000, totalling £328,044. Descriptions of projects are in **Chapter two** of the report.

Evaluation methodology

Traverse was commissioned by the Programme Board to carry out an independent evaluation to:

- Assess whether each of the programme aims have been met;

- Capture learning about what works in mental health service delivery;

- Demonstrate any wider changes in mental health service provision;

- Provide evidence to help inform and influence future commissioning.

The evaluation design was informed by funded projects and adopted a mixed method approach focused on self-reported data.

Outcomes for people with mental health problems

- The projects engaged a total of **2793** people. Of these, **901** individuals were from Black, Asian or Minority Ethnic (BAME) communities, one of the key aims of the programme.

- All projects contributed to improved mental or general wellbeing among participants.

- 19 projects helped participants to increase their confidence, including all eight projects that focused on training or education activities. This included increased self- and social confidence, and confidence to manage mental health symptoms.

- 16 projects increased the social inclusion of people with mental health problems within their local communities.

- 10 projects helped to increase participants' knowledge of a range of options to help support their mental health.

Outcomes for organisations

- Four of the five IAPT provider projects improved existing IAPT services.

- 22 projects improved their awareness and knowledge of organisations that offered mental health services in the local area, their relationships with them, and their signposting and referral processes towards them.

- 11 projects' staff and volunteers increased their knowledge of how best to work with people with mental health problems through formal training or increased engagement with people with mental health problems.

- 15 projects increased their profile and credibility with local communities and statutory services through offering new activities or services and through partnership working and attendance at sector-wide meetings.

Outcomes for mental health services

- 13 projects that aimed to increase take-up of IAPT referrals supported **470** individuals to access IAPT providers. Of these individuals the majority were helped to access Self Help Services, 42nd Street or ACMHS, as more projects targeted these providers.

- **142** of these individuals were from BAME backgrounds – a key aim of the programme – a far higher proportion compared with general IAPT service data for Manchester.

- Improved networks between statutory providers and funded VCSE organisations, which contributes to better pathways to recovery through community-based projects providing local support (or may in the future).

- Improved referrals between services through increased awareness of appropriate services and the creation of new referral pathways.

What worked

Support delivered within community venues. Delivering mental health assessments or services at local community organisations increased access to mental health services. The wealth of activities within community centres also provided access to other forms of support, which can help people to sustain their recovery and build resilience through social networks.

*The **Northmoor Community Association** project delivered support within community venues, which helped:*

Clients – Some clients were referred to IAPT services after attending other activities at Northmoor, such as social activities, IT access or financial advice. Locating the IAPT services within the same building as these community activities enabled individuals to easily access mental health support that might not otherwise have reached them. These activities also provided clients with a long-term resource to support their recovery.

> *The mental health service (IAPT) – the community centre offered a local, welcoming, non-stigmatising space to deliver services from, which local residents in particular were already familiar with. This meant IAPT services were easily connected to the people they were commissioned to work with – the IAPT worker reported far higher engagement with BAME communities than at other clinics in Manchester.*
>
> *The community association – The project brought new people to the community centre and its services when clients were referred from elsewhere and opted to receive support at Northmoor. Hosting of an NHS service was also felt to further increase the credibility of the centre.*

Person-centred approaches. Flexible approaches underpinned and sustained participation through accommodating fluctuations in the needs and health of people. This included drop-in sessions or groups that enabled people to attend or stay for as long as they felt comfortable; more flexible 'Did Not Attend' policies; and additional or longer-term support when required. Coproduction and volunteering also facilitated participation and recovery.

> *Manchester Mind peer support groups; counselling blocks of 20 or 40 sessions at TLC St. Luke's; employment of service users at Healthy Me Healthy Communities (People-powered maps and the Casserole Club)*

Holistic support. Particularly within larger organisations, specialised roles enabled projects to build relationships with other organisations and easily liaise with them to help resolve issues that might have otherwise exacerbated people's mental health problems.

> *Advocacy worker at ACMHS; Engagement Officer at 42nd Street*

Improved access to and understanding of vulnerable and marginalised groups. VCSE organisations' trusted status and understanding of communities enabled them to act as a bridge to statutory mental health services. Projects both increased services' understanding of communities and the challenges they face, and also helped to build communities' trust in services - particularly where people had previous negative experiences.

> *Just Psychology's community consultants and their work alongside Survivors Manchester; Trinity House Resource Centre's older people focus group to support Self Help Services*

Longstanding relationships. Partnerships between VCSE organisations and IAPT providers worked best when organisations had previously worked together. Where this wasn't the case, it was harder to build understanding of IAPT thresholds and pathways, resulting in inappropriate referrals.

Challenges and how they were overcome

Supporting consistent attendance at activities. Some projects struggled to accommodate fluctuations in the mental and general health of participants, which led to higher than anticipated levels of missed appointments, irregular attendance or drop-outs. Solutions to this included adopting a flexible approach that supported long-term relationships and engagement.

HerArt ran catch-up sessions for participants who missed activities; Manchester Mind established a core group of volunteers, which enabled others to try volunteering without pressure

Amount of time required to support service users. Some projects struggled to provide service users with high levels of individualised support due to resource constraints. This was particularly the case where the delivery model relied on progressing participants from one-to-one to group-based support, or when delivering advice-based services to vulnerable people.

Joint working. There are examples across the grants programme of increased joint-working between VCSE organisations and statutory mental health services, but there is a need for more capacity in both sectors to commit the necessary time and resources to building shared agendas.

Conclusions

The available evidence suggests that the programme met its objectives. It:

- **Increased social inclusion** of people with serious and enduring mental health problems within their neighbourhood, through activities that increased social and self-confidence, improved relationships with others and supported or increased participation in community-based activities.

- **Increased access to IAPT services** among communities that find them difficult to access, through projects providing a range of support that helped to bridge the gap between statutory healthcare services and vulnerable and marginalised communities. This included examples of where communities had been engaged for the first time.

- **Increased levels of support** to people with mental health problems who find it difficult to access existing services, through improved VCSE knowledge on how to best support people, increased awareness of services to refer them to, and the delivery of mental health services within neighbourhood settings. 14 projects planned to continue their activities.

- **Developed of relationships between VCSE organisations and statutory providers** of health and social care services based in neighbourhoods, through increased collaboration and engagement, including several examples of where projects had linked in statutory mental health pathways to provide support in the community.

1 Introduction

This chapter introduces the Mental Health Grants Programme and the evaluation. It describes the aims and methods of the evaluation, as well as the purpose of the report.

1.1 *The Mental Health Grants Programme*

Manchester Health & Care Commissioning (MHCC) and GMMH undertaking a transformation programme to redesign mental health services within GMMH, improve systems and expand services across Manchester.

As part of this, MHCC funded and developed the Mental Health Grants Programme in partnership with GMMH and Macc in May 2016.

The primary aim of the grants programme was to improve the mental health and wellbeing of people with mental health problems living in Manchester. The programme also aimed to improve the number and effectiveness of relationships between voluntary, community and social enterprise (VCSE) organisations and statutory providers of health and social care services based in neighbourhoods, and assist MHCC to improve the way that they commission neighbourhood-based services.

The programme had three funding objectives, of which VCSE organisations were required to target at least one in their application:

   1) To increase social inclusion within their neighbourhoods of people with serious and enduring mental health problems;

   2) To increase the take-up of Improving Access to Psychological Therapies (IAPT) services among communities that find them difficult to access;

   3) To increase the level of support offered to people with mental health problems who find it difficult to access existing services in their neighbourhoods.

A visual diagram of the programme and its objectives is in **Appendix A**.

Macc also hosted a number of events over the course of the programme:

  • A launch event as part of the call for applications in May 2016, which provided prospective applicants with information about the programme;

  • Two 'speed partnering' events in July 2016, where prospective applicants could meet and ask questions of IAPT providers;[1]

  • An evaluation and monitoring workshop for projects in March 2017;

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[1] Participating IAPT providers were as follows: Greater Manchester Mental Health Trust; 42nd Street; Self Help Services; Survivors Manchester; African Caribbean Mental Health Services; Lesbian Gay Bisexual and Trans (LGBT) Foundation; and Gaddum Centre.

- Safeguarding training for projects in June 2017; and

- A midpoint event in November 2017;

A programme end event will also be held in March 2019.

1.2 Projects overview

Administered by Macc in partnership with a grants selection board and a programme board, the fund awarded 35 grants of up to £10,000 in November 2016, totalling £328,044.

Projects funded through the grants programme were spread across the target objectives[2] and, as shown in **Figure 1** and detailed in **Appendix B**, the North, Central and South regions in Manchester.

Projects commenced their activities from January 2017 onwards and ranged in duration from four to 18 months.

Each project was assigned 'buddies' from MHCC and GMMH. These individuals were asked to meet with projects and provide support and feedback as required.

Figure 1: An overview of the Mental Health Grants Programme

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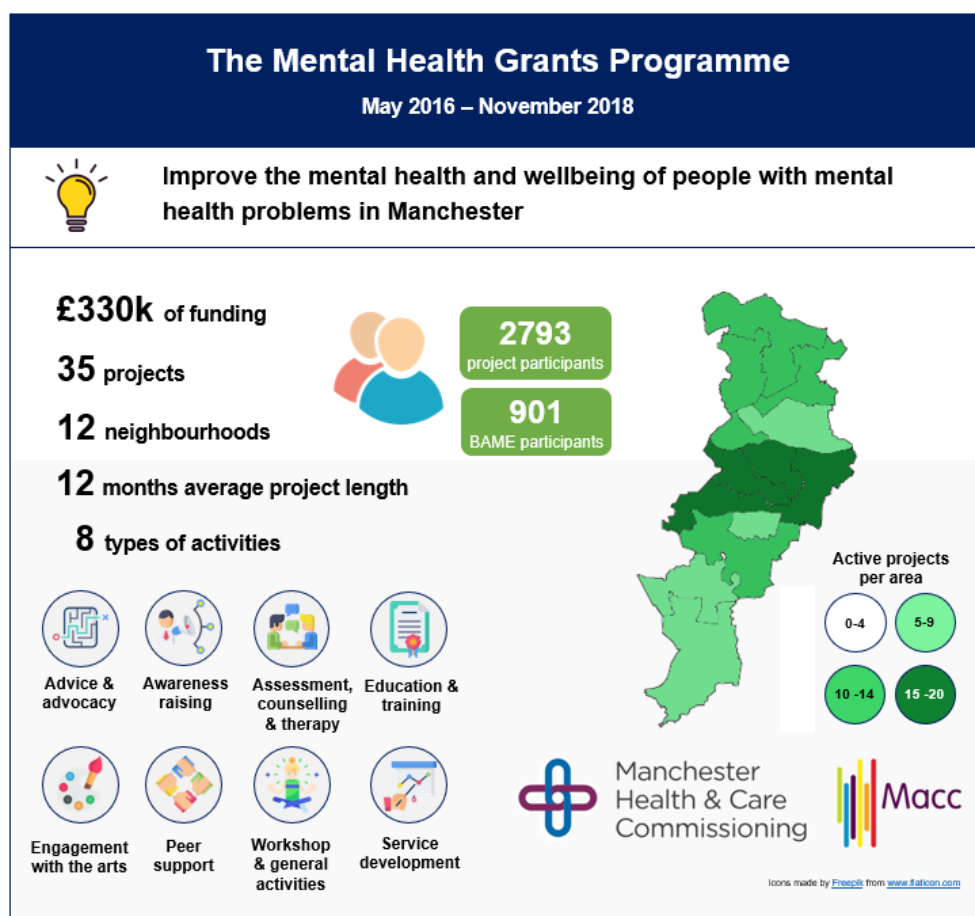
[2] Projects funded: objective one (21); objective two (13); objective three (33).

1.3 Evaluation of the mental health grants programme

Traverse, formerly known as OPM Group, was commissioned by the Programme Board to undertake an independent evaluation of the grants programme in September 2016. The aims of the evaluation were to:

- Assess whether each of the programme aims have been met;

- Capture learning about what works in mental health service delivery;

- Demonstrate any wider changes in mental health service provision; and

- Provide robust and credible evidence to help inform and influence future commissioning.

The evaluation also sought to capture learning from the reflections of projects on the design of the grants programme and their experience of working with Macc, MHCC and Traverse.
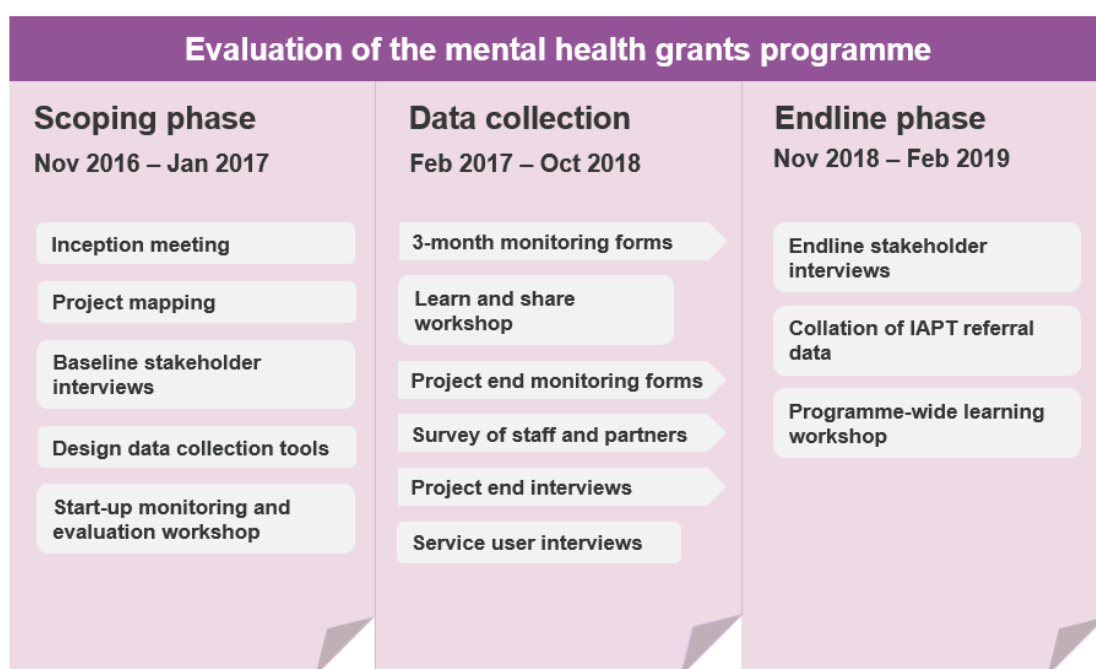
1.3.1 Evaluation design

The evaluation design was informed by funded projects through the evaluation and financial monitoring workshop in March 2017. It was agreed with projects from the outset that the types of data collected by projects needed to be 'light touch' in order to support their participation in the evaluation.

The evaluation therefore adopted an approach that sought to minimise burden on projects. Projects were allowed to determine for themselves what data was most relevant and how best to collect it within the context of available resources, rather than following a prescribed programme-level approach.

As shown on the next page (**Figure 2**), the evaluation applied a mixed method approach that included:

- Self-completed monitoring and evaluation forms, which collected quantitative and some qualitative data. These were returned 3 months after the start of projects and at project end;

- Semi-structured, qualitative interviews with project leads, project participants (service users) and strategic stakeholders such as Programme Board members and IAPT providers;

- An online survey of project staff and volunteers, as well as partners that worked alongside projects such as statutory services and VCSE organisations; and

- Collation and secondary analysis of IAPT referral data.

Figure 2: An overview of the evaluation methodology

Evaluation of the mental health grants programme

Scoping phase
Nov 2016 – Jan 2017

- Inception meeting
- Project mapping
- Baseline stakeholder interviews
- Design data collection tools
- Start-up monitoring and evaluation workshop

Data collection
Feb 2017 – Oct 2018

- 3-month monitoring forms
- Learn and share workshop
- Project end monitoring forms
- Survey of staff and partners
- Project end interviews
- Service user interviews

Endline phase
Nov 2018 – Feb 2019

- Endline stakeholder interviews
- Collation of IAPT referral data
- Programme-wide learning workshop

A detailed summary of each evaluation activity is presented in **Appendix C**.

1.4   Caveats to the findings

The level of engagement from project leads was high across all evaluation activities, including the return of self-completed monitoring forms. However, there were instances where staff from some projects were unable to contribute their views to the evaluation due to staff turnover or personal circumstances (response rate shown in **Appendix C**).

It is also important to note when reading this report that the quality of data within the self-completed monitoring forms varied significantly between projects. Data collection tools used by projects ranged from validated to self-designed surveys, participant feedback and staff observation.

Impacts captured in this way have been self-reported and cannot be verified by Traverse. In addition, the evaluation did not include any experimental or quasi-experimental design to assess the level of attribution between project activities and reported outcomes.

Traverse were also unable to triangulate self-reported IAPT referral data from projects with engagement and outcomes data for most IAPT providers due to limitations in the availability of data from providers (see **Chapter 7**).

1.5   Structure of this report

This report presents impacts and learning from across projects in the following sections:

- Chapter 2: Project descriptions

- Chapter 3: Outcomes for people with mental health problems

- Chapter 4: Outcomes for funded organisations

- Chapter 5: Outcomes for mental health services

- Chapter 6: Sustainability and legacy

- Chapter 7: Grants programme design, administration and evaluation

- Chapter 8: Conclusions

The report has a wide range of key audiences in the statutory sector, but also intends to generate learning for organisations commissioning the VCSE sector. This includes broader transferable learning in relation to the design, administration and evaluation of grants programmes.

2 Project descriptions

This chapter provides a brief overview of the 35 projects funded through the mental health grants programme.

The projects funded through the mental health grants programme included:

42nd Street: 3rd Sector IAPT Engagement and Efficiencies Project

The project employed an Engagement Practitioner to support individuals between IAPT referral, assessment and treatment. The practitioner reviewed the cases of young adults waiting for support with 42nd Street and discussed options of accessing wider services across Manchester.

African Caribbean Mental Health Services (ACMHS): Hospital Visiting and Advocacy Service

Aimed to expand their current hospital visiting service for mental health patients. The funding supported an experienced advocacy worker and trained volunteers to help with issues such as housing, benefits and family divisions.

ALL Arts and Media t/a ALL FM: Mental Health FM

A 15-week programme that trained adults with mental health problems from the Chinese community to make their own radio shows based on the topic of positive mental health. Shows were broadcast weekly on ALL FM 96.9.

ALL FM

Barlow Moor Community Association Limited: Time4U

Facilitated outreach sessions at a local community café to encourage access to services. Also hosted sessions run by Self Help Services.

BHA for Equality: Tackling Social Isolation & Increasing Support

Programme for HIV positive African women and BME individuals identifying as LGBT that involved group and 1-to-1 sessions on issues. Included the development of a befriending scheme led by project participants to support newly diagnosed individuals.

Caritas, Diocese of Salford: North Manchester Befriending Service

A befriending service for older people to improve independence and confidence as well as supporting family, neighbours and carers with advice, information and respite.

Cheetham Hill Advice Centre: Improving Mental Health Through Debt Advice

Pilot face-to-face debt advice service for people experiencing mental health

problems to help them resolve financial crises, stabilise situations, manage debts, and maximise incomes.

Creative Support The Shawe

Creative Support The Shawe: Wythenshawe Women's Wellbeing

Delivered interactive sessions and workshops for lone mothers experiencing mental health issues, which covered personal development and widening horizons, mental health and wellbeing, and accessing local services.

Fit-tastic: Project Life

Delivered home support through an exercise professional/physiotherapist that visited people to identify goals and develop a physical activity programme to help improve their physical and mental wellbeing.

The Gaddum Centre: Taking Control in Recovery and Life Programme

Delivered a culturally relevant recovery programme, which was tailored according to client needs. This included individualised support plans, one-to-one support and referrals to foodbanks or other resources as appropriate.

The Gaddum Centre: Pre-therapy Workshops

Pre-therapy online resources and pre-therapy packs for adults with severe or enduring mental ill health who were referred into the service. The resources available on smartphones provided information regarding their appointment and resources to prepare participants for therapy.

Growing in the City (Men's Shed Manchester): Growing in the City

Two days of regular activities that focused on how to grow food and use produce, as well as how to create community green spaces.

Healthy Me Healthy Communities: Casserole Club

Food sharing club where people with serious and enduring mental illness came together to plan and bulk cook healthy dishes, created meals for the club volunteers and distributed surplus meals to other local vulnerable residents. Also delivered social enterprise training.

Healthy Me Healthy Communities: People-powered Maps

Programme for people with severe and enduring mental health conditions where participants co-produced neighbourhood maps of local services, activities, places to visit/eat and themed guided walks to green spaces and places of local interest.

Healthy Me Healthy Communities
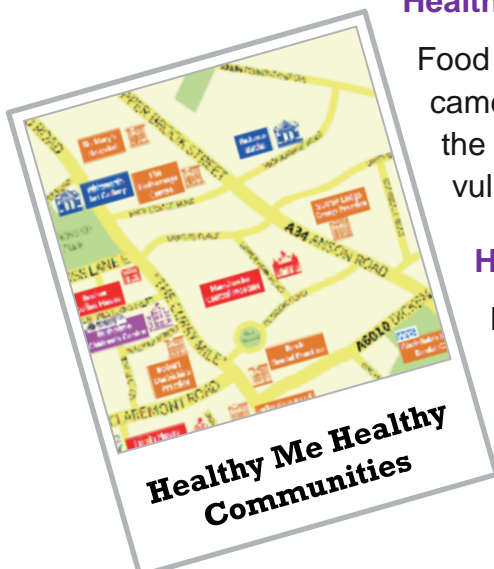
HerArt CIC

HerArt CIC: Accrediting Your Creativity

Delivered entry level AQA-accredited arts and craft courses for people with serious and enduring mental health problems. Course included practical workshops and visits to local art galleries.

Hulme Community Garden Centre: Roots to Progress

Delivered accredited training in horticulture. Participants attended the centre for once a week and focused on core AQA units such as plant sustainable and community gardening, receiving a certificate on completion.

Just Psychology CIC: Cultural Consultancy

Recruited and trained cultural consultants from local BME communities, facilitated engagement sessions at community events, and supported individuals from vulnerable and marginalised groups to access Survivors Manchester and their services.

Lifeshare Ltd: CARDS Mental Health Support Project

Developed a Support Worker role with a focus on individual care plans with clients to help them access mental health support. Support Workers helped clients overcome barriers such as health, finances and benefits, relationships, skills and personal issues.

LMCP Care Link: Improving IAPT Awareness and Access for South Asians

Expanded LMCP's existing service to help improve access to IAPT among South Asian communities. This included running awareness events, an outreach service, increased drop-in services that included a focus on IAPT, and working with local services to improve cultural awareness.

LMCP Care Link

Make Education a Priority: Local Health and Wellbeing Hub

The local Health and Wellbeing Hub supported people identified with mental health problems by providing training in life skills, voluntary work experience and career support. Also facilitated access to sport and leisure activities.

Manchester Camerata: This Is Me: Recovery and Resilience Through Music

Delivered music-based activities supporting the recovery and community inclusion of people 65 years+ from South Manchester with mental health

conditions such as schizophrenia, psychosis, depression and dementia.

Manchester Carers Forum: Emotional and Mental Resilience Support for Carers

Provided emotional and mental resilience counselling to carers, which focused on topics such as confidence and self-esteem, bereavement and loss, feelings of isolation and general anxiety.

Manchester Deaf Centre: Wellbeing Deaf

Facilitated a regular open drop-in for deaf people to provide support for wellbeing and mental health issues and to connect with existing services. Services also included social activities and learning activities, such as local trips, presentations and discussions.

Manchester Mind: Peer Support / Get Help, Give Help

Developed a peer support group within a central CMHT health and social care clinic to provide people who are being discharged from secondary services with a bridge from services to community. Also featured a volunteering programme for participants.

Manchester Mind: Checking Up and Checking In

A short term, GP-based intervention for people who present at their GP with low level anxiety. Consisted of a 60 minute 'check-up' that assessed mental wellbeing, existing risk factors and current coping strategies. Support was then provided through suggested self-help tools, additional coping strategies and identified community assets.

Manchester Mind: Building a Healthy Future – Long Term Conditions and Wellbeing in Later Life

Six-week intervention that involved CBT, positive psychology and relaxation and meditation techniques to provide people with the skills and strategies to self-manage their long-term conditions and improve mental wellbeing.

Moodswings Network: Recovery and Isolation Project

Developed their existing service through a range of activities, including social skills courses to help reduce social isolation, an in-house workshop for people in recovery, a course on volunteering; and mental health awareness activities for the local community.

NOAH's ART

Noah's ART: Reducing Isolation Through Pet Therapy

Therapy pet sessions for inpatients in psychiatric wards at Park House. Therapy sessions involved health and welfare checks and other activities, while follow-up community sessions within the community supported signposting to other services.

North Manchester Wellbeing Centre: Increasing Physical Activity and Effectiveness

Expanded current services offered by the centre and employed an administrative worker to increase monitoring and evaluation. Developed a Timebank offer that put people in touch with each other in order to trade time and skills.

Northmoor Community Association: Holistic Northmoor

Provided a weekly six-hour Psychological Wellbeing Practitioner clinic with community outreach that helped raise awareness and uptake of the service.

The Proud Trust: The LGB and Trans Peer Support Project

The Proud Trust

Employed a Peer Support Coordinator to increase staffing for The Proud Trust's peer support project for isolated and distressed LGBT young people. This enabled the project to recruit and train LGBT young people in befriending/mentoring.

Sow the City Limited: Green Minds – Growing Food as Therapy for Mental Health

Trained people with mental health problems to grow fruit and vegetables at North Manchester General Hospital and created a network of local community gardens to support ongoing provision for people with mental health problems.

TLC St Luke's: TLC Counselling

Provided lower end counselling (step 2 and 3) to people with mental health problems.

Tree of Life Centre Wythenshawe: Tree of Life – Root To A Happier You

Provided range of integrated activities that included weekly social and wellbeing activities such as mindful yoga, a volunteering programme, an emotional resilience course and IAPT assessments and workshops.

Trinity House Community Resource Centre: LINK Two – Community Navigator

Developed a Community Navigator role to support clients aged over 50 who were experiencing mental health issues to access services. The role included helping clients access IAPT through in-house drop-in sessions, peer support groups and activities and working alongside CMHTs to increase referrals.

Trinity House Community Resource Centre

3   Outcomes for people with mental health problems

This chapter provides an analysis of the main outcomes of projects for participants, as well as key process learning from projects in what works in supporting people with mental health problems.

3.1   Overview of participants engaged

Across the mental health grants programme, the 35 projects engaged a total of **2793** people. Of these, **901** individuals were reported by projects to be Black, Asian or minority ethnic (BAME).[3]

A complete breakdown of participants by project, ethnicity (where provided) and other categories is in **Appendix D**.

3.1.1   Participants by project typology

Projects undertook a wide range of activities and were thus grouped into one or more of eight typologies within the evaluation, based on the primary focus of their activities. This enabled the evaluation to explore whether outcomes were related to the type of project activities with which participants engaged.

Table 1: Typologies of projects

Typology	No. of projects	Total no. of participants	Description
Advice & Advocacy	12	1019	Provided advice, advocacy or support on a wide range of issues, including self-help, debt and legal advice, as well as digital resources.
Awareness raising	4	360	Raised awareness of mental health and wellbeing among communities or cultural awareness in services.
Assessment, counselling and therapy	7	547	Provided or hosted IAPT assessments and clinical services, as well as counselling and therapy interventions.
Education and training	8	367	Formal or informal training in topics such as radio production, horticulture,

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[3] This total may include some double-counting of participants as the number of projects that each service user joined was not collected at programme level, though there were no anecdotal reports of service users accessing more than one project during project lead or service user interviews.

			cooking and social skills.
Engagement with arts	3	187	Artistic activities, such as music and crafts.
Peer support	6	531	Created or developed peer support groups.
Service development	9	1040	Development of existing services, through the expansion of existing projects or creation of new roles.
Workshops and general activities	3	420	Delivered workshops and general activities, such as exercise classes.

3.2 Main outcomes for people with mental health problems

The grants programme aimed to improve the mental health and wellbeing of people with mental health problems, increase support to people who find it difficult to access existing services, and increase social inclusion within neighbourhoods of people with serious and enduring mental health problems.

Projects and participants reported a wide range of outcomes for people with mental health problems as a result of their participation in the mental health grants programme.

Main outcomes for people with mental health problems – summary
- Improvements in mental health
- Increased confidence
- Increased inclusion in the community
- Increased knowledge of support
- Improved skills to cope with mental health
- Improved social relationships

3.2.1 Improvements in mental health

All projects reported outcomes that suggested their activities had contributed to improved mental and general wellbeing among project participants.

In line with the agreed evaluation approach, levels of evidence regarding improved mental health varied significantly across the grants programme, though most projects provided anecdotal observations, testimonials or the results of self-designed surveys. These form the basis of the outcomes reported within this chapter.

Organisations with a strong background in delivering mental health-based services tended to report outcomes through the use of validated instruments. Example of this from across the programme included:

Table 2: Use of validated questionnaires

Organisation	Example
The Gaddum Centre (Pre-therapy workshops)	"41% were no longer experiencing symptoms of anxiety and depression at clinical levels at the end of treatment, [which followed on from the pre-therapy support]."
Manchester Mind (Checking up and checking in)	"79 people had improved mental health. This included 60 who had reduced depression (PHQ-9 scores), 56 who had reduced anxiety (GAD-7 scores), 43 who said they were coping better."
Manchester Mind (Building a Healthy Future)	"88% of people improved their WEMWBS wellbeing score enough to move into another category."

Several projects reported that they had not undertaken more rigorous evaluation as it was felt that the required data collection would compromise their engagement approach of creating an informal, trust-based environment.

3.2.2   Increased confidence

19 projects reported that participants had increased their confidence as a result of participating in activities. This included five of the nine projects that placed a specific focus on supporting people with serious and enduring mental health problems.

 Examples of this included:

- Increased **self-confidence** in their abilities, often observed on projects where participants attained a sense of achievement through qualifications or tangible outputs in local communities such as art exhibitions or bake sales.

- Increased **social confidence**, such as meeting new people and interacting with others.

- Increased **confidence to manage mental health** symptoms or fully articulate their feelings when engaging with statutory services.

Changes in confidence were observed across all eight projects that focused on education or training activities, and five of the six projects that delivered workshops – all of which brought individuals with mental health problems into contact with one another.

Five of the eight service users interviewed also reported this outcome.

3.2.3   Increased inclusion in the community

16 projects reported that their activities had contributed towards increased

"25 of the 26 participants said they were more confident in accessing GP services, whereas before they lacked the strength or courage to speak up to ensure the GP understood their needs."

Project lead, BHA for Equality

social inclusion of people with mental health problems within their local community. This included four of the seven organisations that primarily focused on supporting older people.

Some projects felt that this had been achieved through undertaking community-based activities that brought people with mental health problems into contact with others, such as community gardening activities (see **case study 1**) or community events. For example, Caritas held a social event that brought older people and local school children together, as well as linking their client-base into other older people's groups in the local area.

Several projects also reported that activities such as social skills courses (Moodswings) or volunteering within projects had reduced participants' anxiety about undertaking everyday activities or larger hurdles such as applying for volunteering opportunities, jobs or colleges.

Delivery of these activities within community venues where participants felt comfortable, but where they would also meet and interact with other members of the local community, was also felt to increase social inclusion.

Case study 1: Grant – Participant, Sow the City

"You worked at your own pace and it helped me do well there. It was good… a bit of independence."

Grant* is a young, white man at a male rehabilitation unit for people with mental health needs. He enjoyed gardening with his grandad when he was younger, so was referred to Sow the City by his Occupational Therapist. He was slightly apprehensive about taking part, but the familiarity of the local park where it would take place made him feel less anxious.

When he first arrived, Grant did not know much about gardening. The project staff taught him to transform the garden step-by-step, and now he can compost, build raised beds, grow a variety of vegetables and make herbal teas. He found the experience therapeutic - he also gained a sense of achievement and satisfaction from conquering each challenge.

Grant not only wants to continue volunteering in community garden projects in Manchester, he is now thinking about and looking for paid work in gardening.

✓ **Outcome: Increased confidence and sense of achievement**

✓ **Outcome: Increased inclusion in the community**

Sow the City

3.2.4 Increased knowledge of available support

10 projects reported that their activities had helped increase participants' knowledge of a range of options to help support their mental health. This included:

> "I didn't feel IAPT applied to me because I wasn't mad. However, I must confess I needed the support, but I didn't recognise that the way I was feeling was because of my mental state."
>
> Participant, BHA for Equality

- Increased **understanding of mental health, 'therapy' and its benefits**, primarily through IAPT providers running sessions within projects. Several projects that focused on BAME groups felt open discussion of this topic was a key enabler to facilitating access.

- Increased **knowledge of statutory mental health services and how to access them** through the provision of one-to-one advice and resources, signposting or visits from IAPT providers.

- Increased **knowledge of provision within communities through signposting** towards centres, groups or other organisations. For example, Healthy Me Healthy Communities (People-Powered maps) created a map of longstanding community provision in Rusholme – a ward that has no statutory and library leisure services.

3.2.5 Improved skills to cope with mental health problems

9 projects reported that participants had developed skills to help them cope with and manage their mental health problems, including three of the five projects that primarily focused on supporting younger people.

This ranged from sharing practical skills to manage negative-thinking, anxiety and depression through IAPT sessions, informal courses or advice-giving to manage anxiety and depression, through to the sharing self-help resources. For example, the Engagement Officer at 42nd Street provided advice on breathing techniques to the parent of a young person who was experiencing repeated panic attacks.

> "I see them at the shop, we have cups of tea and chat. I have more of a social structure, helping me with issues [or being there for] a chat."
>
> Participant, Healthy Me Healthy Communities (Casserole Club)

One project lead also observed that peer support groups had helped participants have more open conversations about their mental health.

3.2.6 Improved social relationships

8 projects reported that participants had formed friendships through project activities.

The exact nature of these social relationships depended on the project, but ranged from participants meeting people from different cultural backgrounds or discussing common experiences, through to building longer-term friendships around similar interests or activities.

Several project leads also felt that this would provide participants with a network that they could turn to for help in the future.

3.3 What worked in achieving outcomes for people with mental health problems

Where projects were felt to have worked well for people with mental health problems, project leads, partners and participants highlighted a range of enabling factors. These are grouped into six themes, summarised and then explored below.

> **What worked in achieving outcomes for people with mental health problems – summary**
> - Support delivered within community venues
> - Flexible support
> - Holistic support
> - Support that made individuals feel valued
> - Practical activities
> - Trusted organisations and practitioners

3.3.1 Support delivered within community venues

13 projects reported that the provision of support in local community venues had underpinned their engagement and support of people with mental health problems.

This included four of the seven projects that primarily focused on delivering assessment, counselling and therapy activities.

In particular, community venues were felt to:

- **Increase participation** through their proximity to participants' homes, which also mitigated anxiety around using public transport.

- **Reduce anxiety** through enabling people with mental health problems to access services in settings with which they were already familiar (see **case study 2**). For example, Manchester Mind's Checking Up and Checking in Service was located within local GP surgeries in Chorlton, Whalley Range and Fallowfield neighbourhoods.

- **Be less stigmatising** than statutory venues such as mental health centres, particularly for individuals from BAME backgrounds.

- Provide **easy access to other holistic support** that could help support and sustain recovery, such as the delivery of psychological wellbeing appointments within Northmoor Community Centre.

Five of the eight service users interviewed also felt that the location of project activities in their local neighbourhood had helped them to attend activities or services.

> "I suffer with anxiety – it's not easy for me to go to new places so knowing I can come to the Tree of Life makes it easier for me to get involved with something."
>
> Service user, Tree of Life Centre Wythenshawe

Case study 2: Daniel – Participant, Manchester Mind (Peer Support)

"If I hadn't had peer support, I would not be here talking to you today. And that's the God's honest truth."

Daniel (white, aged 55-64) hit rock bottom three years ago when he was assaulted in public. His social life disappeared, he found it extremely difficult to go out in public places and he had to stop work due to frequent panic attacks. He attempted suicide three times.

Daniel accessed statutory mental health services, but often felt that he was being passed between different doctors. When he accessed therapy, he found that it didn't really work for him, but he felt obligated to continue so he had some form of sustained support.

Daniel was eventually referred to the Peer Support Group by his doctor. He felt so anxious that he struggled to get dressed and walk to the local centre, but it helped that it was not far from his home. At first, he only felt comfortable staying in the group for five minutes, but he was free to leave when he wanted. Gradually he was able to stay through a whole session and participate.

Since being part of the group, Daniel feels more supported and is starting to regain confidence. He even volunteered for seven months with the group, but stepped back down after feeling pressured. With a reliable space for support each week, Daniel now has a reason to leave his house and is beginning to build hope that he will work again and go out like he used to.

✓ **Outcome: Increased confidence**

✓ **What worked: Support delivered in community venue and flexible support**
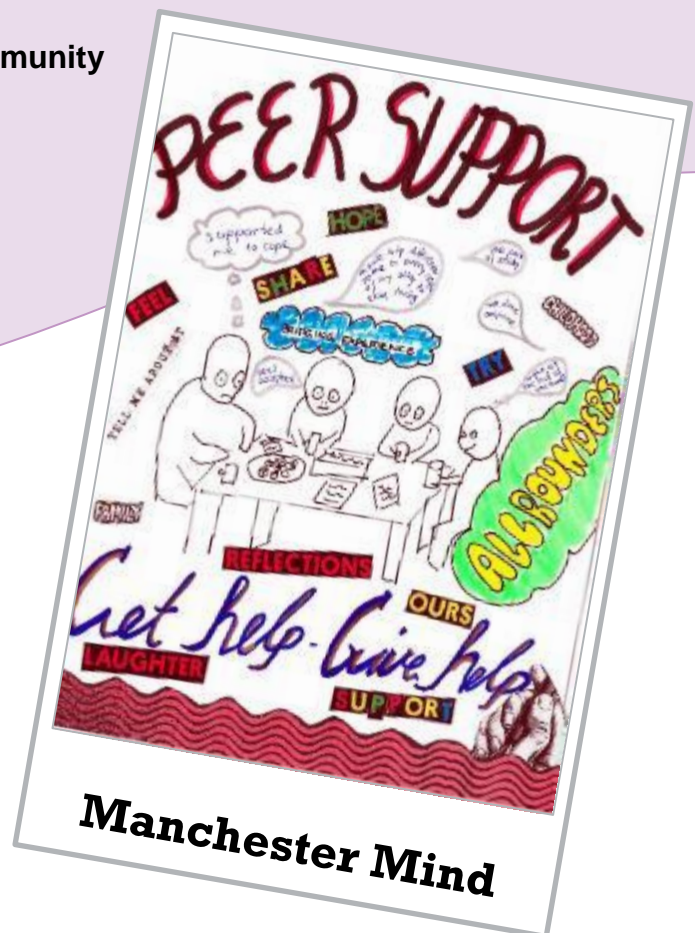
3.3.2 Person-centred support

16 projects reported that a flexible, person-centred approach to working with project participants had helped to engage and keep people involved with support, assessment, counselling and therapy activities.

Flexible support took several forms:

- Sessions or resources that enabled people to **engage at a time of convenience**, attend when they felt able, or only stay for a short amount of time if they preferred. This was felt to enable people to deal with issues at a pace that was comfortable for them, or to ease their anxiety. For example, drop-in or peer support sessions, or digital resources such as the Gaddum Centre's pre-therapy resources.

- Community-run projects being **more responsive to people's needs** – whether that was project staff supporting people immediately in times of crisis, or providing longer-term support where required. For example, TLC St. Luke's were able to provide blocks of 20 or 40 sessions of counselling dependent on need, compared to IAPT which typically provides fewer sessions.

- Designing **tailored sessions, activities and materials** for groups of participants, but also flexing these where appropriate. For example, ALL FM switched from full-day to half-day sessions to accommodate the needs of older participants, while Creative Support The Shawe scheduled sessions to fit around parents' school schedules.

Five of the eight service users interviewed also felt that the flexibility of the support that they received had helped them to participate in activities.

"People do not have to worry about being late or staying for the entire [drop-in] session which can ease feelings of anxiety."

Project lead, Trinity House Community Resource Centre

3.3.3 Holistic support

10 projects highlighted the importance of a holistic approach to supporting people with mental health problems.

Where the mental health grants programme funded specialised roles, projects were able to build relationships and liaise with other organisations to help resolve issues that might otherwise have exacerbated mental health problems. For example, the Advocacy Worker at ACMHS supported participants by helping to resolve immigration issues, while the Engagement Officer at 42nd Street liaised with statutory services to ensure that they better understood participants' needs and could provide more appropriate support.

Project leads also reflected on the ability of VCSE organisations to offer multiple services that wrap support around individuals, including quick referrals between internal teams and ongoing liaison around their wellbeing.

"By coming into the community centre you have a menu of service that you can be referred into… someone might come in and be hungry - we can make them a cup of tea and give them a food voucher, and then look at why they don't have food, start to talk about benefits and talk about health."

Project lead, Barlow Moor Community Association

3.3.4 Support that made individuals feel valued

9 projects reported that they had found it important to make sure that participants felt valued.

Several different person-centred approaches emerged across projects:

- **Supporting individuals on a one-to-one basis** as and when required, especially those with higher needs or levels of anxiety. In particular, 42nd Street felt the availability of this individual support between IAPT referral and assessment was fundamental to the success of the project.

- Providing participants with **opportunities to contribute to the design and delivery** of projects, through consultation or coproduction processes, was felt to have contributed to the delivery of effective services. For example, Manchester Deaf Centre planned their Wellbeing Group activities in consultation with participants.

- Supporting the development of participants through **volunteering opportunities** (such as facilitating peer support sessions) or employment. For example, Healthy Me Healthy Communities (People-Powered Maps) employed a service user to run community sessions.

Four of the eight service users interviewed also felt that the efforts of staff to make them feel valued had helped them to participate in activities.

3.3.5 Practical activities

8 projects reported the benefits of delivering practical activities that did not place a specific focus on mental health.

In healthcare settings, the delivery of asset-based, practical activities such as music-making (Manchester Camerata) or animal care (NOAH's ART) was felt to act as a bridge for patients to engage in therapy and talk more openly about the issues they faced.

Several projects also reported that the incorporation of food breaks around activities had also helped to create a more welcoming, community atmosphere and maintain interest in programmes. For example, ALL FM encouraged participants to join a shared meal prior to training sessions.

3.3.6 Trusted organisations and practitioners

6 projects that worked with individuals who identified as BAME or LGBT+ reflected on the significance of delivering mental health-based support through trusted community-based organisations or practitioners.

Project lead and service user interviews suggested that organisations such as ACMHS, The Proud Trust and BHA for Equality were felt to be more accessible to their target participants due to a sense of shared cultural background. These organisations represented a safe space for participants where they felt their needs would be better understood, and were particularly effective in engaging individuals who had lost trust in statutory services through previous negative experiences (see **case study 3**).

Projects also found that it helped when staff delivering assessments, counselling or therapy had a shared background with participants. For

> "She said that I was the first person who just sat and listened to her. She said for her it was just someone to listen so she felt empowered to go and do her own thing."
>
> Project lead, Fit-tastic

> "Having someone who can deliver services in a community language was really positive… in some communities there won't be a direct translation of a word… [while] an interpreter is a barrier to complete honesty."
>
> Practitioner, Northmoor Community Association

example, BHA for Equality felt their female service users were more receptive to the black, female ACMHS counsellor who delivered strategies focused on coping with daily life. Northmoor Community Association also noted that the delivery of some assessments and services in community languages overcame the barriers associated with having an interpreter in the room, such as privacy concerns. Likewise, peer support groups were felt to be a particularly effective mechanism for LGBT+ young people because of the similarity in their identities and experiences.

In addition, BHA for Equality felt that their status as a trusted organisation had helped to build participants' trust in statutory organisations. For example, BHA for Equality introduced project participants to a nurse from the local HIV clinic, and reported that they are now more likely to attend this clinic.


Case Study 3: Moshin – Participant, ACMHS

"I'm South Asian in background. I wanted an organisation that could help me specifically with my background – I felt that ACMHS could pick up on the niche aspects of things I was suffering from, the cultural aspects."

Moshin is a middle-aged man of South Asian background. He moved from London to Manchester under acute stress from a period of homelessness and health issues, including finding out that he was HIV positive. While trying to access statutory services in London he had many bad experiences and was on a long waiting list for therapy.

His sister recommended ACMHS, and Moshin called immediately. He was quickly referred to the advocacy service, as well as their counselling service. Sharon, at the advocacy service, assisted Moshin with his benefits claims and other applications in liaison with the counsellor. Her professional knowledge and calming demeanour immediately put him at ease, and he also appreciated that she tailored her support and advocacy to meet his desire for independence. Mohsin also felt that the service understood his problems within the context of his South Asian background - a fundamental part of his mental health recovery.

ACMHS provided Mohsin with support quickly at a desperate time. This enabled him to find social housing and concentrate on other issues in his life. He has since accessed statutory therapy services. Being around Sharon also inspired him to volunteer in a similar role in the future.

✓ **What worked: Trusted organisations and practitioners and flexible support**
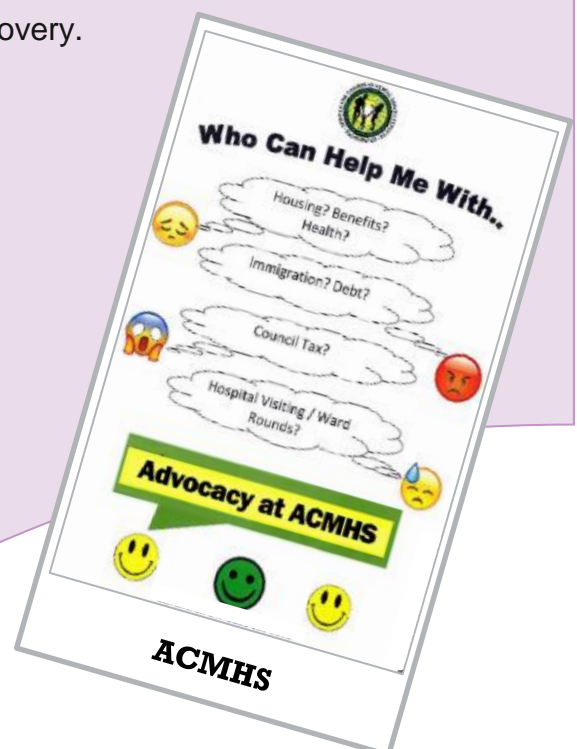
3.4 Challenges to achieving outcomes for people with mental health problems and how they were overcome

Almost all of the challenges faced by projects in achieving outcomes with project participants related to the practicalities of delivering person-centred support. These included:

Challenges to achieving outcomes for people with mental health problems – summary
- Supporting consistent attendance at activities
- Amount of time required to support service users

3.4.1 Supporting consistent attendance at activities

10 projects reported that they had struggled to accommodate fluctuations in the mental and general health of participants, which had led to higher than anticipated levels of missed appointments, irregular attendance or attrition within projects.

This issue was encountered across all elements of project delivery, from motivating people to get involved in activities, through to sustaining long-term participation in counselling or educational courses with regular sessions due to competing priorities that exacerbated stress such as health appointments, jobs, lack of finances and childcare.

For example, Manchester Carers Forum reported that not all participants completed six sessions of emotional and mental resilience counselling. Manchester Mind (Peer Support) also discovered that this issue had to be taken into consideration when working with participant volunteers.

"[We had] dropouts, partly for mental health reasons and also for physical health reasons – attendance can be sporadic with appointments and other health commitments as well as ill health."

Project lead, Manchester Mind (Building a healthy future)

Solutions to this challenge including adopting a flexible approach that supported long-term relationships and engagement. This included catch-up sessions for participants that missed appointments (HerArt) or establishing a core group of committed volunteers to mitigate changes in participation among other volunteers (Manchester Mind, Peer Support). Where possible, some projects also provided higher levels of one-to-one support to make individuals feel valued. For example, the Tree of Life Centre called participants who had been referred by the community mental health team (CMHT) but failed to turn up for their first appointment.

3.4.2 Amount of time required to support service users

While providing higher levels of one-to-one support was a potential solution to support people in their attendance, six projects reported that they had struggled to provide service users with high levels of individualised support.

Specifically, projects that had incorporated group or participant-led activities into their plans found that this took longer than expected to establish. For example, Fit-tastic reported that they had struggled to progress participants

from one-to-one visits to group-based support. The latter felt that activities led by participant volunteers needed to be delivered within larger projects that had sufficient infrastructure to adequately support participants.

ACMHS also reported that it had took longer than anticipated to deliver advice and advocacy services to people from vulnerable and marginalised backgrounds, who weren't as able to express themselves and explain their issues.

4 Outcomes for funded organisations

This chapter provides an analysis of the main reported outcomes that participation in the grants programme had on organisations.

The grants programme aimed to increase awareness and skills within funded organisations to help them to support people with serious and enduring mental health problems.

In line with these aims, project leads reported four main outcomes as a result of receiving funding through the mental health grants programme.

Main outcomes for funded organisations – summary

- Increased knowledge of local mental health services

- Improved approaches to working with people with mental health problems

- Increased profile of funded organisations
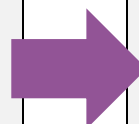
- Improved IAPT services or support

4.1 Main outcomes for organisations

4.1.1 Improved IAPT services or support

Four of the five projects delivered by voluntary and community sector IAPT providers reported that their activities had helped them to improve on their existing IAPT services. These are detailed below:

Table 3: Examples of improved IAPT services or support

Project	Activity	Impacts on IAPT services
42nd Street Engagement Officer	• Triaged referrals to 42nd Street's IAPT services • Early intervention through liaison and information sharing • Observation of impact	• Improved signposting towards step-up or step-down services, early help community services or other avenues of support where relevant • Early intervention avoided escalation of clients' needs • Engagement Officer role rolled out across the charity

Gaddum Centre Pre-therapy support	• Development of online resource accessible via smartphone • Provision of pre-therapy packs with copies of paperwork that would be required • Observed success of the programme	• High levels of engagement reported following pre-therapy process. • Clients were made clearer choices regarding where they want to receive services and from whom. • Gaddum now provides clients with online resources prior to therapy.
Gaddum Centre Taking control in recovery and life programme	• One-to-one specialised support for people with higher needs. • Mapped community resources towards which clients could be signposted. • Understanding potential impact of other issues therapy and recovery	• Reported a 0% DNA or early drop-out rate with • Increased staff knowledge of local services and referrals • Modified assessment paperwork
ACMHS: Hospital Visiting and Advocacy Service	• Delivery of advocacy service within ACMHS	• Holistic exploration of issues, which was felt to support recovery within ACMHS' IAPT services.

The Proud Trust also felt that their project had enabled them to further develop their peer support programme. This included the creation of a new referral form, assessment process and monitoring tool, which enabled them to gather more information about participants and better support them.

4.1.2 Increased knowledge of local mental health services

22 projects reported that participation in the grants programme had helped them to improve their awareness and knowledge of organisations that offered mental health services in the local area and their relationships with those organisations.

Across the programme, participation in the programme had led projects to engage with, better understand and develop working relationships with a wide range of partners, including IAPT providers, CMHTs, statutory services and other VCSE organisations.

In particular, projects reported that meetings with either IAPT or statutory stakeholders had helped staff from projects improve their understanding of referral pathways and thresholds. This, in turn, was felt to have produced a sustainable benefit through improved their signposting and referral processes. For example, LMCP reported that one of several meetings with IAPT provider GMMH had helped them improve their understanding of referral pathways and thus improve their explanation of these to project participants.

However, this outcome was not observed across all projects. For example, one IAPT provider reported that they had struggled to increase projects' understanding of their referral processes and thresholds.

4.1.3 Improved approaches to working with people with mental health problems

"We delivered two sessions [to staff] around improving mental wellbeing, which in turn can help support those with diagnosed conditions or can prevent them from happening."

Neighbourhood Health Worker, Partner of Creative Support The Shawe

11 projects reported that participation in the mental health grants programme had helped their staff and volunteers to increase their knowledge of how best to work with people with mental health problems. This was felt to result from:

- Access to formal training through project partners. For example, Barlow Moor Community Association accessed buzz Manchester Health and Wellbeing's Connect 5 programme, while other organisations accessed training run by the Gaddum Centre.

- Experiential learning through increased engagement with people with serious or long-term mental health problems, and what worked for specific groups. For example, Trinity House Community Resource Centre found that older men were more likely to attend sessions with a specific purpose, rather than a general lunch club.

- The formation of peer support groups between staff and volunteers, which enabled individuals to share experiences and lessons learned.

A smaller number of projects also reported that the lessons that they learned during the delivery of projects had produced a sustainable benefit through helping to inform wider organisational priorities and practices. This included planning other projects with mental wellbeing agenda in mind, an increased awareness of the benefits that working in partnerships can bring to projects and the importance of thinking about initiatives more strategically.

4.1.4 Increased profile of organisations

15 projects commented that participation in the mental health grants programme had increased their profile and credibility with a range of

stakeholders. These included:

- Local communities – through attracting individuals to their premises by offering or hosting new activities or services. For example, where Self Help Services offered a weekly psychological wellbeing clinic at Northmoor Community Association, it was felt that some of the people who visited would not have done so otherwise.

- Statutory services and other VCSE organisations – through projects arranging 1-1 meetings to explain their services and explore potential partnership working, as well as attending sector-wide meetings such as Community Explorers.[4]

- General public – through success at local or national award ceremonies[5], as well as coverage in the general media.

Several projects felt that their increased profile with statutory services had helped them to access further funding, as participation in the mental health grants programme had enabled them to demonstrate first-hand the benefit of their services. For example, both Hulme Community Garden Centre and Barlow Moor Community Centre have since secured additional funding through GMMH's Dragon's Den to deliver their activities on other wards and rehabilitation units in Manchester. NOAH's ART also reported that GMMH were seeking further funding for the continuation of their pet therapy visits.

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[4] Community Explorers is network that meets on a regular basis in north, central and south Manchester. It is a partnership between MHCC and Macc that aims to bring together anyone with an interest in health and wellbeing from across the voluntary, community and social enterprise sector to influence, connect, share knowledge and build relationships.

[5] Examples include the Spirit of Manchester Awards (Manchester Deaf Centre) and UK Community Radio Awards (ALL FM).

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5 Outcomes for mental health services and other statutory services

This chapter provides an analysis of the main reported outcomes that the grants programme had on mental health services and other statutory services in Manchester.

The grants programme aimed to increase take-up of IAPT services among communities that find them difficult to access. It also aimed to improve relationships between VCSE organisations, statutory services and mental health pathways.

In line with these aims, project leads, partners and programme stakeholders reported three main outcomes as a result of receiving funding through the mental health grants programme.

Main outcomes for mental health services and other statutory services – summary

- Access to IAPT providers
- Improved practices among voluntary and statutory sector organisations
- Increased public awareness of mental health issues and services

5.1 Increased take-up of IAPT services

5.1.1 Referrals to IAPT services in Manchester

The city of Manchester has six VCSE IAPT providers, in addition to GMMH (an NHS organisation). These are: 42nd Street, Self Help Services, Survivors Manchester, African Caribbean Mental Health Services, Lesbian Gay Bisexual and Trans (LGBT) Foundation and the Gaddum Centre.

As **Figure 3** shows on the next page, there has been a steady increase in the total number of referrals over the past two years.

Figure 3: Referrals to IAPT providers in Manchester, April 2016 – August 2018[6]
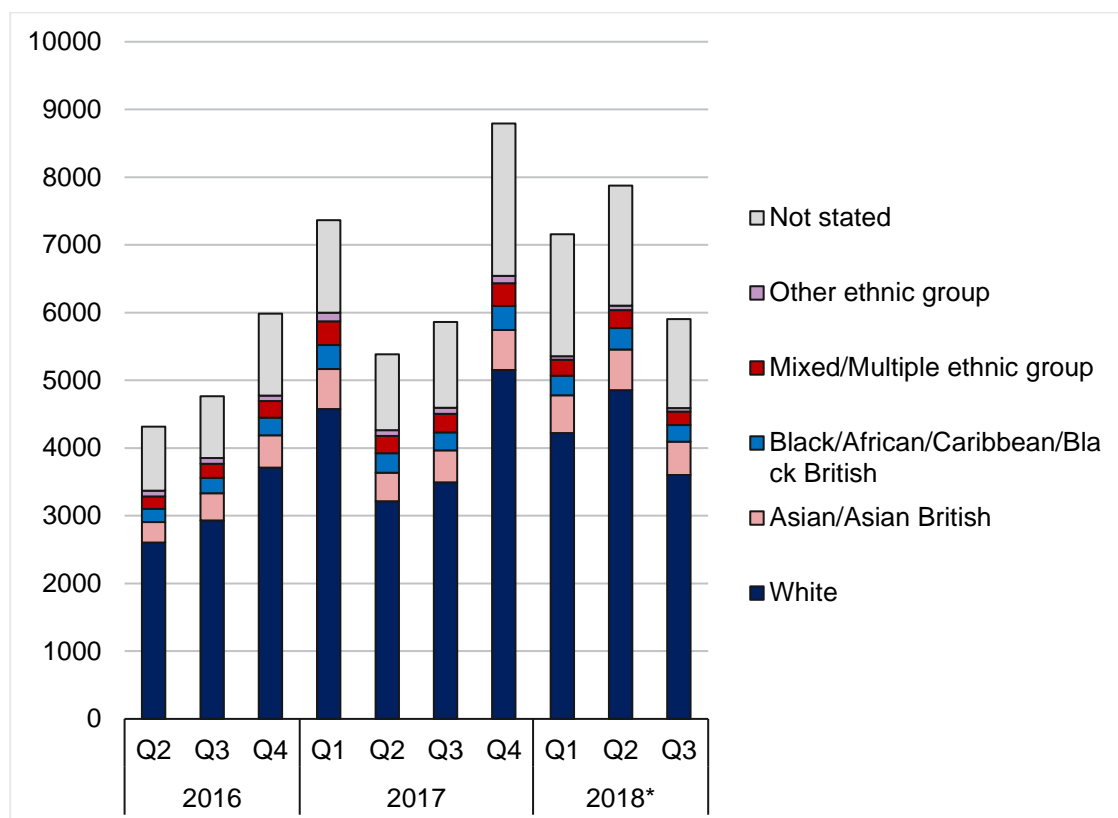
5.1.2 Help to access IAPT providers

The 13 projects that targeted the second objective of the mental health grants programmes were asked how many participants they had 'helped to access' IAPT services.

Since the start of the mental health grants programme in May 2016, these projects reported that they had supported 470 individuals to access the seven participating IAPT providers. [7] 142 of these individuals were reported as from BAME backgrounds – a far higher proportion compared to IAPT service referrals data across Manchester (as shown in **Figure 3**).

Projects also reported that they had helped individuals through a variety of

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[6] Data was not available for September 2018 at the time of publication.

[7] 10 of the 13 projects aiming to increase take-up of IAPT services self-reported that they had helped people to access IAPT providers. Where data was not reported:

42nd Street. The number of participants reported for 42nd Street represents the total number of participants that accessed IAPT treatment at 42nd Street during the funding period, as recorded on the IAPT database.

ALL FM reported that they did not work with ACMHS or Self Help Services due to language barriers preventing the conduct of workshops.

Just Psychology did not collect data on the number of participants that attended sessions with Survivors Manchester.

ACMHS reported that they contributed to the second objective of the grants programme through receiving referrals from other organisations.

formal and informal support, ranging from signposting and assistance completing referral forms, through to providing support to individuals while waiting for assessment or treatment, accompanying people to appointments or providing on-site assessments or treatment.

As shown in **Figure 4** on the next page:

- 42nd Street (157), Tree of Life Centre (106) and Northmoor Community Association (103) helped the largest number of people to access IAPT services. Both the Tree of Life Centre and Northmoor Community Association partnered with Self Help Services to provide appointments in local community centres. Tree of Life also worked with Self Help Services to deliver 'stress buster sessions' to participants.

- At Northmoor, 53 of 103 individuals from across Manchester completed assessments at the Northmoor Community Centre Hub. The other 50 individuals received a course of treatment at Northmoor. Most of these 50 had received assessments elsewhere, but opted to receive treatment at Northmoor.

- Five projects that had not initially aimed to address objective two also reported that they had helped people to access IAPT services: HerArt, Lifeshare Limited, Manchester Mind (Checking up and Checking in), Manchester Deaf Centre and MEAP. These projects helped 69 participants in total, of which 13 were BAME.[8]

13 of the 15 projects that reported how many participants they had helped to access IAPT provided a breakdown of which IAPT provider they had helped people to access (**Figure 5**).[9] Most people were helped to access Self Help Services (257), 42nd Street (168) or ACMHS (53). This is unsurprising as more projects targeted these providers.

[8] Lifeshare Limited sourced from 3-month project monitoring form only.

[9] Manchester Deaf Centre did not provide a breakdown by provider.

Figure 4: Number of people helped to access IAPT services by project

Project	Number
42nd Street	157
Tree of Life Centre	106
Northmoor Community Association	103
Manchester Carers Forum	30
BHA for Equality	25
Lifeshare Limited	25
HerArt	20
LMCP	19
TLC St Luke's	12
Manchester Mind (Checking up and Checking in)	13
Trinity House Community Resource Centre	8
The Proud Trust	8
MEAP	7
Manchester Deaf Centre	4
Cheetham Hill Advice Centre	2

■White ■BAME □Unknown

Figure 5: Number of people helped to access IAPT services by IAPT provider

Provider	Number
Self-Help Services (5 partners)	257
42nd Street (3 partners)	168
African and Caribbean Mental Health Service (4 partners)	53
Gaddum centre (1 partner)	35
GMMHT (1 partner)	3
LGBT Foundation (1 partner)	3
Survivors Manchester (1 partner)	3
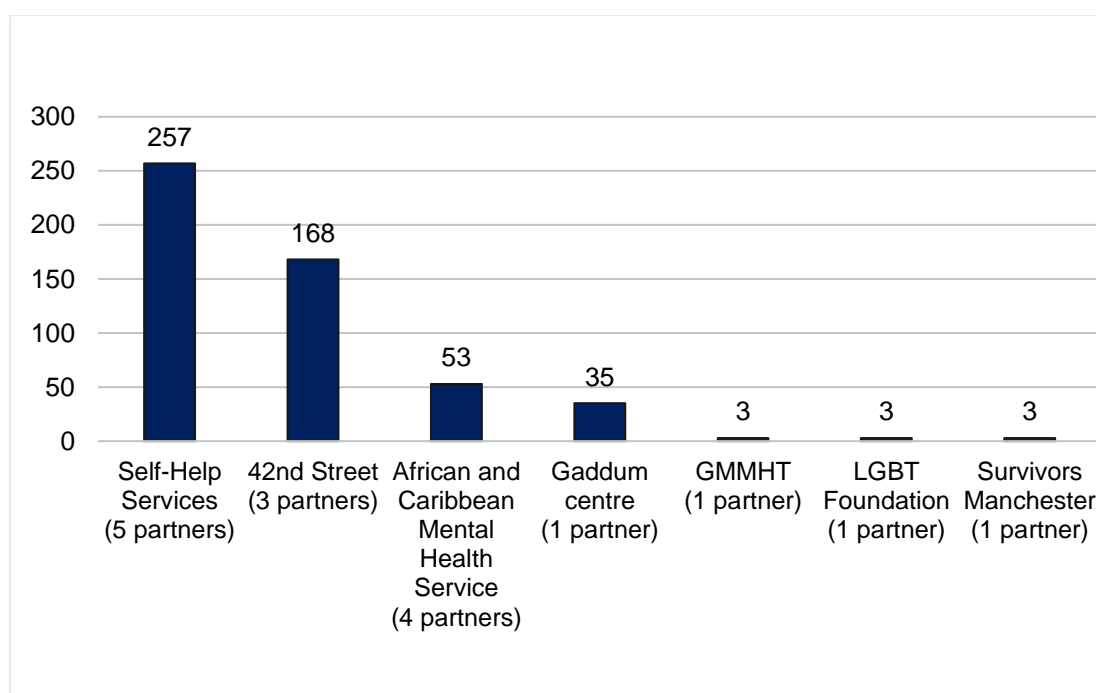
5.1.3 What worked in helping people to access IAPT services

The following factors were felt to have enabled access to IAPT services:

Summary of what worked

- On-site assessments and treatments in community venues
- Improved access to and understanding of vulnerable and marginalised groups
- Long-standing relationships
- Flexible support

> "We have tried to reach African communities before, via churches etc, but without success. But with BHA introducing us it worked out… we got in and did group sessions. [The women] then came for individual sessions with us."
>
> IAPT provider

On-site assessments and treatments in community venues. Three projects and their IAPT partners reported that the delivery of IAPT services within community venues provided clients with a familiar, convenient environment within which to seek support. Community venues such as the Tree of Life, Northmoor and Trinity House community centres also provided easy access to other facilities and forms of holistic support that could help recovery (see **case study 4**).

Where engagement between communities and IAPT services was historically low, these venues also provided a safe environment within which to build trust. For example, ACMHS delivered a workshop at BHA for Equality's premises, following which participants went on to engage in one-to-one services with ACMHS.

Improved access to and understanding of vulnerable and marginalised groups. Four projects and their provider partners reported that projects had facilitated direct access to and engagement with local communities, to help IAPT providers better understand the face the barriers that these communities face and change their working practices accordingly.

For example, Trinity House Community Resource Centre helped facilitate a focus group for Self-Help Services to better understand the needs and barriers to access among older people, while Just Psychology worked alongside community consultants to help Survivors Manchester better understand and improve access for individuals from Chinese, Somali and Eastern European communities (see **case study 5**).

Projects also shared indirect learning with IAPT providers in meetings or working groups.

Long-standing relationships. Three projects and one programme stakeholder highlighted that partnerships worked best when the organisation and IAPT provider had a history of working together prior to their project. This background ensured that projects understood referral processes and clinical thresholds (where this was not the case, this was a major challenge, as noted in the next section).

Flexible support. One project and their programme stakeholder partner also underlined the importance of flexing this support to the specific needs of

individuals. For example, an IAPT provider amended their DNA policy over the course of the project to better accommodate the availability of a specific client group.

Case Study 4: Northmoor Community Association

"Northmoor offers so much more than other venues. Services are offered, recommended, and completed then and there, rather than in a GP surgery where it would be a case of giving further contact details. [The difference is] the holistic nature of what we offer by linking into the other services [on site]." – Psychological Wellbeing Practitioner, Self Help Services

Holistic Northmoor undertook weekly six-hour IAPT clinics with community outreach to help raise awareness and uptake of the service. The project workers quickly found that the location of the clinic within Northmoor Community Centre Hub was its greatest asset.

Northmoor houses a wide portfolio of community services and activities such as computer courses, employability skills courses and welfare advice. This was felt to improve the clinic's service delivery and patient pathway through providing seamless referrals to relevant activities within Northmoor following IAPT appointments. The clinicians also utilised the extensive knowledge of Northmoor staff regarding local services to tailor activities to suit individual client needs. BME clients were also familiar with the hub in their community, which was reported to make the clinic more approachable and accessible to them.

The local services within the hub also benefitted from housing the IAPT clinic. As the IAPT services has a larger reach, participation at the community hub increased and the collaboration with IAPT allowed for more holistic service delivery.

✓ **Outcomes: Increased access to IAPT services**

✓ **What worked: On-site assessments and treatments in a community venue**
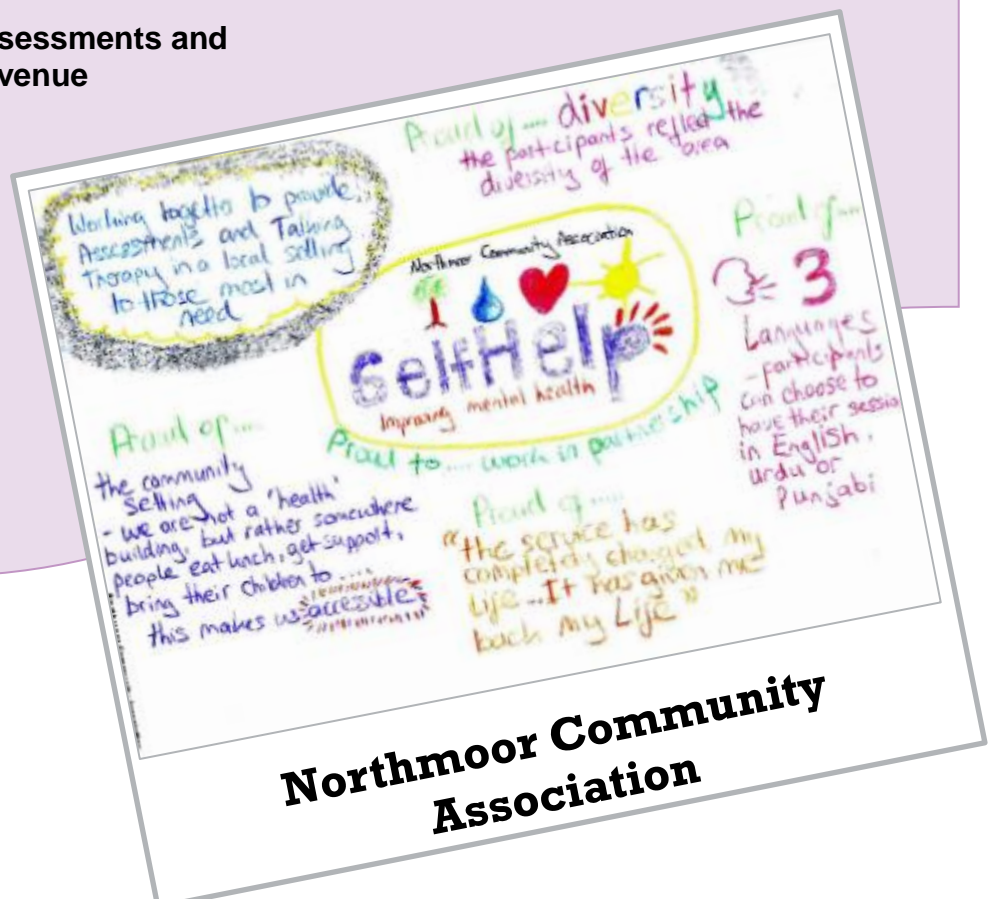
Case Study 5: Just Psychology and Survivors Manchester

"We were able to begin to gain insight and understanding into the barriers faced by non-English males wishing to access support as male survivors of sexual abuse. Engaging with the Chinese community through the programme helped us understand that the posters we are using are a barrier… it has made us much more culturally sensitive and reflective." – Survivors Manchester

The Cultural Consultancy Project aimed to recruit people from Chinese, Somali and Eastern European communities and train them as cultural consultants to explore the reasons for low referrals from these groups towards Survivors Manchester. The project also aimed to raise awareness of sexual abuse and sexual violence towards men in hard to reach cultural groups.

Cultural Consultants were recruited through speaking with community groups and targeted marketing in communities. The consultants completed accredited training and then delivered 10 community events, which Survivors Manchester believe were the first of their kind in these communities. Conversations at the events started to break down barriers of silence and stigma and, despite the subject matter, parents were interested in resources to protect their children.

One Cultural Consultant also attended drop-in sessions at Survivors Manchester every fortnight for five months so that attendees of their background had someone to support them in their cultural understandings of male sexual abuse. Key community and cultural organisations were made aware of this service, which was felt to improve the patient pathway to the service and support communities that rarely access mainstream mental health services.

✓ **Outcome: Improved access to and knowledge of vulnerable and marginalised groups**

✓ **Outcome: Increased access to IAPT services**

5.1.4 Challenges

Where referrals towards IAPT services were lower than expected, the main reason for this was felt to be a lack of strong relationships between projects and IAPT providers.

> "We had lots of meetings and still it was not clear to these smaller organisations, who aren't used to managing NHS contracts and working in a different way to a structured way that we do. They kept referring people who were way over the threshold."
>
> IAPT provider

Where there was no pre-existing relationship between a project and a provider, IAPT providers felt that it was harder to establish a clear understanding of the complexities of IAPT thresholds and pathways, resulting in inappropriate referrals. For example, one provider reported that they received referral forms with insufficient information despite the establishment of a clear referral pathway, though this was later resolved through staff changes and in-depth discussions around who should be referred.

In addition, one IAPT provider questioned the suitability of the IAPT service for their partner project's client base, identifying a mismatch between the structured nature of the support delivered through IAPT (such as set appointment times and missed appointment policies) and more flexible methods through which participants were used to being supported (such as drop-in sessions).

5.2 Other service and community-level outcomes

Projects and programme stakeholders highlighted a wide range of emerging service and community-level outcomes, some of which were felt to have the potential to improve the delivery of mental health services across Manchester in the future.

5.2.1 Improved networks between voluntary and statutory sector organisations

18 projects reported that the co-delivery of their funded activities had led to the creation or improvement of partnerships with a wide range of voluntary and statutory sector organisations.

While it was often too early to observe or measure this change, projects anticipated that this had the potential to lead to:

- **Improved organisational awareness of services and best practice**, as well as health and care service development priorities, through continued participation in networks such as MHCC and Macc's Community Explorers partnership. In addition, LMCP agreed to establish a BAME mental health network with GMMH, which will bring together community organisations and GMMH representatives to improve approaches to working with these groups.

- **Improved referrals between services** through increased awareness of appropriate services and the creation of new referral pathways. For example, organisations including Tree of Life Centre and Trinity House Community Resource Centre had developed relationships with CMHTs

> "Many people [who have severe enduring mental health problems] have been discharged from services into GP care, but have struggled to move on and create a successful life for themselves. We have supported these people not only to manage their symptoms but to make goals and move forward."
>
> Project lead, Moodswings

and started receiving referrals from them. Sow the City had facilitated the creation of a referral pathway between CMHTs and community gardens across Manchester.

- **Improved pathways to recovery** through community-based projects providing local support to patients upon discharge from statutory services. For example, Manchester Deaf Centre established a system where patients discharged from the John Denmark Unit are signposted or referred towards them (see **case study 6**), while TLC St Luke's accepted clients discharged from Self Help Services.

  NOAH's ART also reported that their two-level project of hospital ward visits and community café drop-in sessions provided a safe space for patients to start taking a step towards the community, and ongoing support to help bridge the gap on discharge.

- **Reduced duplication of support** through greater cooperative working. For example, Self Help Services and 42nd Street have agreed to accept each other's assessments as accurate on referral.

However, several projects and programme stakeholders felt that wider issues will need to be resolved to support increased joint working between voluntary and statutory sector organisations. This included limited capacity in both sectors to commit the necessary time and resources to developing and building shared agendas, as well as exploring appropriate funding models for VCSE organisations delivering mental health support.

5.2.2 Improved practices among voluntary and statutory sector organisations

Six of the eight respondents to the survey that was sent to the partners of projects agreed that working alongside their VSCE partner had increased their understanding of services users and improved their approaches to working with them. This included three respondents from in-patient services and primary care.

5.2.3 Increased public awareness of mental health issues and services

Seven projects felt that they had increased wider public awareness of mental health problems and available services, predominantly through the production of tangible outputs by participants such as art exhibitions (HerArt) and radio shows (ALL FM) or workshops within the community information events or workshops (LMCP and Healthy Me Healthy Communities).

Case Study 6: Manchester Deaf Centre and the John Denmark Unit

"It feels more of a partnership now… the grant was a good way of getting staff and patients to attend things they would not normally attend, [but] ongoing funding is not needed for this relationship [to grow]." – John Denmark Unit

The John Denmark Unit (JDU) is a national centre for mental health and deafness. They had previously collaborated with the Manchester Deaf Centre (MDC), but communication broke down after key staff in both organisations moved on.

The grants programme assigned a JDU staff member to support MDC as a programme buddy. This new link between the two organisations acted as a catalyst for new meetings and activities between staff, which increased their understanding of each other's working cultures and services. For example, the JDU showed MDC staff around their unit and also ran basic mental health awareness training.

There is now more regular contact between staff and some service users from the JDU regularly attend MDC events. This benefits both organisations: the JDU have access to an up-to-date list of activities in the local community through MDC's directory, while the MDC also provides service users with a trusted, familiar step down into the community upon discharge. This is particularly beneficial for patients who are anxious about moving to a new place and making new friends. MDC are also able to work with a greater range of service users.

The two organisations plan to embed this relationship through ensuring that multiple staff are connected and that new staff understand the value of collaboration through site visits.

- ✓ **Improved networks between voluntary and statutory sector organisations**
- ✓ **Reduced duplication of support**
- ✓ **Improved pathways to recovery**

6 Sustainability and legacy

This chapter provides an insight into the future of projects funded through the mental health grants programme.

It is clear that the funding distributed by the mental health grants programme delivered a wide range of positive outcomes for individuals, organisations and mental health services. While it is too soon to assess the sustainability of outcomes such as improved skills, knowledge, approaches and relationships among funded organisations, project leads, project partners and programme stakeholders were able to reflect on the future of projects supported by the grants programme.

6.1 Next steps

14 of the projects had either continued or planned to continue project activities in various forms (despite this not being an explicit ambition of the grants programme) . Where projects had established plans:

> "This grant enabled us to try this activity and show that it works… which strengthened our applications to these other funds. It gave us the room to show that it worked."
>
> Project lead, ALL FM

- 7 projects reported that they had accessed grant funding to continue either all or specific elements of their projects. For example, ALL FM, Barlow Moor Community Association and Caritas accessed three-year grants via Our Manchester and other programmes such as the Heritage Lottery fund. Manchester Carers Forum had also delivered a further 20 sessions on acute wards in Manchester.

- 9 projects planned to continue specific activities from their grant-funded projects through incorporating them within other grants, finding other forms of financing them (such as small participant contributions), or using a similar model in future proposals.

- 5 projects planned to continue delivering activities through volunteers or participants that had been trained or supported during the lifetime of the project. Three of these projects had placed a focus on peer support within their delivery. For example, a group of women supported by BHA For Equality project had since become an independent body and were seeking funding to further develop their peer support activities.

- 42nd Street, Barlow Moor Community Association and the Gaddum Centre planned to build all or part of their grant-funded activities into their core offer. For example, 42nd Street had rolled out the Manchester Engagement Officer role charity-wide due to the impacts observed over the course of the project, while the Gaddum Centre had integrated their online pre-therapy resources into their processes.

However, a larger proportion of respondents reported that they either did not or could not plan to continue their activities

- 12 projects hoped to continue their activities based on the perceived success of activities, but stated that further funding would need to be

identified.

- 6 projects did not plan to continue their project activities due to a lack of further funding or the realisation that the project model required more resources than small grants are able to provide (for example, group activities that require constant oversight by a Coordinator).

This challenge reflects a broader trend within the VCSE sector that has seen a shift away from grants and core funding towards contractual income models. These models have tended to favour larger providers and have not been as able to support a diverse marketplace of smaller, local VCSE organisations. One reason for this is perceptions among VCSE organisations and others as to whether VCSE organisations have the capacity and capability to engage in contracting or commissioning processes.

7 Grants programme design, administration and evaluation

This chapter brings together reflections on the design, administration and evaluation of the mental health grants programme.

At the end of funded projects and the evaluation as a whole, project leads and strategic programme stakeholders (including members of the Programme Board and IAPT providers) were encouraged to reflect on the effectiveness of the funding and support provided by MHCC and Macc, as well as on the independent evaluation undertaken by Traverse. These views are summarised anonymously below.

7.1 Design of programme objectives

Several programme stakeholders felt that the design and launch of the grants programme would have benefited from greater consultation with IAPT providers. This included the suggestion that IAPT providers should have been able to provide more detailed support in helping organisations to better understand IAPT services as part of the application process, as well as contribute their understanding of the challenges involved in delivering and accessing IAPT services to the selection panel process.

Several programme stakeholders also questioned the design of the grants programme's second objective – increased take-up of IAPT services among communities that find them difficult to access. It was felt that this objective and its explanation lacked a clear focus and was misunderstood by some funded organisations. One stakeholder felt that this may have been reflected in the relatively small number of funded projects (13) in comparison to objective one (21) and objective three (33).

> "For us the driver for partnership working is about [organisations'] delivery and their USPs, what can we bring to each other - and we had already established those. But if the driver is a bid for a small amount of funding… it doesn't work."
>
> Strategic stakeholder

Another reflected that it may have been better for the programme to focus on IAPT providers and the development of their partnership working with VCSE organisations, as opposed to a structure that encouraged community organisations to form partnerships as part of an application for funding.

7.2 Grant structure

The grants programme awarded funds up to the value of £10,000 and proposed activities were required to commence within three months of the award date, ending no later than November 2018.

10 organisations reflected positively on this structure, which was seen to provide an appropriate format to experiment with new activities and build an evidence base as to whether they worked or not.

However, 13 organisations highlighted disadvantages of the programme structure. This included:

Grant length

11 organisations, including 4 of the 7 projects with activities focused on advocacy and advice activities, felt that the spending window was insufficient, in light of the time it took projects to recruit staff, build relationships with other organisations and reach out to local communities.

Several projects voiced concerns around providing short-term services to people with mental health problems, who require ongoing services in order to support their recovery.

One strategic stakeholder also felt that the funding window was insufficient for evidence around recovery to emerge, which they deemed to be of principal interest to commissioners.

7.2.1 Grant size

7 projects reported that they had made compromises during project delivery due to the limited grant size. This included being unable to commit additional investment into elements of the project that were felt to be working, or committing additional in-kind resources where challenges were encountered.

Several programme stakeholders also felt that the size of the grant was incompatible with the grants programme's ambitions to explore and overcome the entrenched barriers that vulnerable and marginalised groups face in accessing IAPT services, while also improving VCSE organisations' own understanding of IAPT services.

Another strategic stakeholder felt that the limited grant size had unintentionally encouraged organisations to try to evidence 'value for money' through trying to work with too many participants over too long a time period.

7.3 Financial monitoring processes

Projects were asked to submit quarterly financial monitoring reports to the Programme Board, and formal project change requests if they wished to make changes to their planned expenditure.

9 projects reflected positively on these requirements, including that it was relatively straightforward and had been clearly organised, communicated and undertaken by Macc. However, a roughly equal number felt the requirements were overly burdensome or disproportionate to the amount of funding awarded. These organisations tended to be larger, and reported that the degree of monitoring was equivalent to far larger grants (in excess of £100,000) or NHS contracts that they had received.

While several programme stakeholders underlined the importance of monitoring the use of public funds and the need to be cautious, several others also commented that quarterly monitoring was 'over engineered' and 'unreasonable'.

One stakeholder highlighted that an unanticipated benefit of the change

> "If you do something like this for a year, it takes about six months to really start getting going. So maybe another year would have been beneficial... because you build people's expectations and it then gets knocked down."
>
> Project lead

> "The amount of monitoring is similar to what you'd expect with much bigger projects, or more. It should have been more proportionate to the size of the grant."
>
> Strategic stakeholder

request process was that it encouraged organisations to be honest about delivery issues and enabled learning to emerge in 'real time' at board level.

7.4 Programme events

A range of events were held as part of the grants programme, including an initial event held prior to the release of the grants prospectus, two 'speed partnering' events, an evaluation workshop and a 'learn and share' event at the midpoint of the programme.[10]

7.4.1 Programme events

Macc coordinated a wide range of events across the lifecycle of the grants programme. Where feedback was received:

- 10 projects commented positively on the launch events and subsequent application process, which was felt have helped organisations to **better understand the grant scheme**, the role of IAPT partners and to meet other organisations. Where improvements to the process were suggested, this included a longer period of time after these events for organisations to build their relationships prior to the grant application deadline.

- 15 projects reflected positively on the midpoint event, which was felt to have provided a **valuable opportunity to meet other funded organisations working around a similar agenda**, share challenges and key learning, and build relationships. In particular, several projects commented that opportunities such as this are rare within the current financial climate. However, one strategic stakeholder felt that both the launch and midpoint events could have placed a **stronger focus on developing a shared understanding** between organisations and IAPT providers regarding the challenges that they each faced.

- Several organisations suggested that more could have been done throughout the grants programme as a whole to encourage linkages between projects. While Macc created a database of projects, it was suggested that **periodic updates** or the establishment of an internal referring process **could have helped foster closer joint working between projects**. One strategic stakeholder also commented that more cross-programme activities could have helped build a 'social movement' of projects, but this had been limited by available resources.

"[The midpoint event] was useful. Services in Manchester are very fragmented – you don't get to hear about many interesting services. I spoke to someone from Manchester Mind and we found out they were running peer support groups… I took that back to my organisation. We routinely refer to them now."

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[10] A programme end event will also be held following the publication of this report.

7.5   Programme buddy scheme

Each project funded through the grants programme was assigned an MHCC buddy and GMMH link worker.

13 projects reflected positively on their engagement with their CCG buddy or LINK worker. Projects reported a range of benefits (likely due to the tailored nature of each relationship), including:

> "We had visits from Chair of the CCG, which was really encouraging. [That] built confidence in the project. [He] also kept in touch via email to offer advice, support, contacts. That's been invaluable really."
>
> Project lead

- **General support**, which ranged from friendly supportive conversations and general advice, to instilling confidence in project staff during visits. There were also examples of where buddies had provided more technical support, such as where a GMMH buddy had helped Sow the City to complete a risk assessment for service users with severe and enduring mental health problems;

- **Increased profile of funded** organisations, including connecting projects with relevant contacts, sharing case studies of projects within their own organisation and discussions on how to best evidence their work and build strategic links; and

- Assistance in **identifying possible funding sources** for projects.

However, 15 organisations did not feel that they had gained anything through the buddy scheme. Some of these had held preliminary meetings with their buddy, but reported that this had occurred too late in their project delivery timeline to be useful, or nothing had happened following the meeting. A small number of organisations reported that they had not received any contact from their buddy.

One strategic stakeholder reflected that this element of the grants programme was a 'missed opportunity', as while there had been some individual examples of success, more could have been done to transfer learning and build relationships at an organisational level within MHCC.

7.6   Programme evaluation

Only a small number of projects provided feedback to the evaluation team regarding their experience of the programme evaluation activities when asked what worked well or less well about the grants programme.

7.6.1   Use of narrative reporting forms

Projects were provided with a monitoring form that reflected their feedback at the monitoring and evaluation workshop. It captured simple quantitative outputs, but placed a far stronger focus on collating stories of change and key learning.

Positive comments focused on the ease of using the narrative reporting forms and the opportunities that these provided in terms of reflecting on their progress and achievements. This, combined with the high return rate of the

> "The reports have been really positive. Having the time to reflect on what you are doing is really useful and being able to think about the successes and challenges is really useful as well, when thinking about how to continue."
>
> Project lead

project monitoring forms (see **Appendix C**), suggests that such a style of reporting suited projects well.

However, it should be noted that the quality of data provided in reporting forms varied significantly between projects. This included discrepancies in quantitative monitoring data and self-selected age, gender and ethnicity data collection categories. Although this was intended to enable projects with more limited experience of monitoring and evaluation to report data that they felt to be of greatest importance, it limited the evaluation's ability to undertake a detailed quantitative analysis across the grants programme.

Data collection tools employed by projects to generate data for their reporting forms also varied considerably, from the use of validated surveys to self-designed surveys, participant feedback and staff observation. Projects made several retrospective suggestions as to how the evaluation could have helped them in this regard, including more guidance on recommended measurement tools and more reporting through more regular conversations.

7.6.2 Triangulation of referrals to IAPT providers

Projects reported the numbers of referrals to IAPT services that they made; however the evaluation was unable to triangulate this self-reported data as IAPT providers were not instructed to collect referral source data at the start of the programme.

A key lesson learned from this evaluation is that it would have been valuable for additional scoping activities to have been undertaken with each IAPT provider to understand the limitations of internal data collection systems and the potential capacity of providers to develop these. One IAPT provider reflected that this process might also help to build stronger relationships between funded organisations and IAPT providers.

8 Conclusions

This chapter draws together learning from across the report to assess the extent to which the mental health grants programme met its aims and what was learned during the course of the programme.

8.1 Meeting the aims of the grants programme

The mental health grants programme funded projects to improve the mental health and wellbeing of people with mental health problems living in Manchester.

The programme also aimed to improve the number and effectiveness of relationships between VCSE organisations and statutory providers of health and social care services based in neighbourhoods, and assist MHCC to improve the way that they commission neighbourhood-based services.

The extent to which each of the programme's funding objectives has been achieved is examined below.

8.1.1 To increase social inclusion within their neighbourhoods of people with serious and enduring mental health problems

The available evidence suggests that projects funded by the mental health grants programme helped increase the social inclusion of people with serious and enduring mental health problem. This included:

- **Increased social and self-confidence** in themselves and their abilities, through activities that regularly brought people together, or courses where participants attained a sense of achievement.

- **Improved relationships** with others through the development of friendships around similar interests or activities, which it was hoped would provide participants with informal support networks in the future.

- **Increased inclusion** in through community-based activities that brought people with mental health problems into contact with other members of the community and activities that reduced anxieties about undertaking everyday activities or applying for opportunities.

Adopting approaches that made individuals feel valued, as well as the provision of VCSE activities that placed a focus on practical tasks or informal activities, were also identified as enabling factors in achieving these outcomes.

8.1.2 To increase the take-up of IAPT services among communities that find them difficult to access

The available evidence suggests that projects funded through the grants programme helped a wide range of individuals to access IAPT programme services, including people from vulnerable and marginalised groups such as

BAME communities.

Many projects focused on providing informal support through awareness raising, signposting and assistance completing referral forms, while others took a range of more formalised approaches that were felt to have worked well. This included the support of participants between IAPT referral, assessment and treatment (42nd Street), working alongside IAPT providers to improve their approaches to BAME communities (Just Psychology) or delivering IAPT services within local settings such as the Tree of Life, Northmoor and Trinity Resource community centres.

Local VCSE organisations played a formative role in helping to bridge the gap between statutory healthcare services and vulnerable and marginalised communities. This was achieved through their status as trusted organisations that understood the intricacies of people's cultural backgrounds, as well as their ability to pass this knowledge on to health and care services.

However, the development of these relationships was not without challenge. There were examples where projects had failed to understand IAPT services and referral processes – particularly where no pre-existing relationship existed between the two organisations – and where the structured nature of IAPT services meant they were perceived by projects as unable to provide the flexible support that some clients required. This suggests that increased understanding and collaboration between projects and IAPT providers could have led to a greater number of, and/or more appropriate, referrals.

While there is limited data at this stage to conclude that this support has directly contributed to increased take-up of IAPT services, there were examples within the evaluation such as Just Psychology and Survivors Manchester where communities had been engaged for the first time.

8.1.3 To increase the level of support offered to people with mental health problems who find it difficult to access existing services in their neighbourhoods

The available evidence suggests that projects have increased the level of support offered to people with mental health problems who find it difficult to access existing services.

14 projects had either continued or planned to continue their project activities in various forms.

Funded organisations also felt that their involvement in the programme had improved their knowledge of local mental health support and referral processes and increased their knowledge of how best to work with people mental health problems. A small number of organisations also reported that lessons learned from delivery had also helped to inform wider organisational priorities and practices.

Delivering mental health-based activities within neighbourhood locations was also felt to have increased participation, through providing activities or

services that were closer to people's homes, in familiar, less stigmatising settings than clinical ones, and in venues that provided easy access to other services.

8.1.4 Development of relationships between VCSE organisations and statutory providers of health and social care services based in neighbourhoods

The available evidence suggests that organisations funded through the programme had improved their knowledge of statutory providers of health and social services in their local area, and their relationship with those organisations.

Across the mental health grants programme, there were many examples of where projects had engaged and started collaborating with healthcare services. This included several examples of where projects had linked in statutory mental health pathways to provide support in the community, such as Tree of Life Centre and Trinity House Community Resource Centre receiving referrals from CMHTs, as well as TLC St Luke's accepting clients discharged from Self Help Services.

While it was often too early to observe or measure the impacts of this change, project partners felt that collaboration had helped them to improve their understanding of service users and their approaches to them, while projects felt that partnerships had helped them to access further funding.

8.2 Reflections on grants programme design

Project leads and strategic stakeholders had mixed reflections on the different components of the grants programme.

The programme's second objective came under particular scrutiny in the course of the evaluation, which was felt to have lacked a clear focus and been misunderstood by some projects. Several strategic stakeholders suggested that greater involvement of IAPT providers in the design of the programme might have improved this, and that it may have been better for the programme to focus on IAPT providers and the development of their partnership working with VCSE organisations rather than encouraging community organisations to build relationships.

While some projects felt that the size and length of grants had provided organisations with an appropriate format within which to try new activities and build an evidence base as to whether they worked or not, other projects and several strategic stakeholders reflected that it had hindered their achievement of the programme objectives. This included challenges around the amount of time it took to build relationships with other organisations and reach out into communities, as well as concerns about providing short-term services to people with mental health problems.

Likewise, while there were positive examples of engagement between

projects and programme buddies, more projects felt that they had not gained anything through this element of the grants programme. While not the main aim of the programme, there is a potential lesson in that this programme elements offers a valuable opportunity to transfer learning between VCSE organisations and MHCC and GMMH.

8.3 Sustainability

While it is too soon to assess the sustainability of outcomes such as improved skills, knowledge, approaches and relationships among funded organisations, project leads, project partners and programme stakeholders were able to reflect on the sustainability of the projects supported through the grants programme.

Almost half of the projects funded through the grants programme had either continued or planned to continue project activities in various forms (despite this not being an explicit ambition of the grants programme). This included examples of where further funding had already been accessed following the programme, or plans to incorporate project activities into organisations' core offer or other grants. Three of the five peer support projects had also planned for their activities to continue through the support of volunteers.

However, a larger proportion of respondents reported that they either did not or could not plan to continue their activities due to a lack of funding or the realisation that their project model required more resources than small grants programmes could provide.

This challenge reflects a broader trend within the VCSE sector that has seen a shift away from grants and core funding towards contractual income models. These models have tended to favour larger providers and have not been as able to support a diverse marketplace of smaller, local VCSE organisations. One reason for this is perceptions among VCSE organisations and others as to whether VCSE organisations have the capacity and capability to engage in contracting or commissioning processes.

Appendix A: Mental health grants programme logic model

Context

- National priority to improve the quantity and quality of mental health services.
- Local challenges include:
  - Delayed access to talking therapies
  - Fragmented delivery of services
  - Stigma around mental health
  - Difficulty leaving mental health services and routes back into employment, education or independent accommodation

Inputs

- £330,000 funding from MHCC
- Recruitment and selection by Macc, programme board and selection panel
- Key selection criteria:
  - service user involvement and empowerment;
  - equality;
  - partnership between VCSE and public services;
  - social value;
  - sustainability;
  - safeguarding;
  - value for money
- Management and governance by Macc and programme board
- Administrative support from Macc
- Evaluation by Traverse

Outputs

Programme outputs

- Launch, speed-partnering, midpoint and programme end events
- 35 project grants of £4,747-£10,000
- Safeguarding training
- Monitoring and governance
- Board and Steering Groups

Project outputs

- Delivery of new services or expansion of existing services Publicity and communications
- Partnership working
- Monitoring and self-evaluation

Evaluation outputs

- Evaluation and financial monitoring workshop
- Data collection tools
- Fieldwork and engagement with MHCC, Macc and projects
- Analysis of secondary quantitative data
- Interim and final reports

Outcomes

Outcomes for people with mental health problems

- Improved mental health and wellbeing
- Increased support to people who find it difficult to access existing services
- Increased social inclusion within their neighbourhoods of people with serious and enduring mental health problems
- Enhanced capacity to participate in community and local social networks
- Enhanced capacity to take charge of their own care
- Enhanced capacity to increase social capital

Outcomes for organisations services

- Increased awareness of mental health issues within organisations
- Increased skills within organisations to help support people with serious and enduring mental health conditions
- Strengthened knowledge and understanding of communities

Outcomes for community and local mental health system

- Increased up-take of IAPT services among communities that finds them difficult to access
- Increased and improved relationships between VCSE organisations, CCG, and statutory services
- Improved mental health pathways
- Long-term sustainability and strengthened community capital

Appendix B: Project locations and aims

Organisation and Project Name	Location			Aim		
	North	Central	South	1	2	3
42nd Street: 3rd Sector IAPT Engagement and Efficiencies Project	x	x	x		x	x
African Caribbean Mental Health Services (ACMHS): Hospital Visiting and Advocacy Service	x	x	x	x	x	x
ALL Arts and Media t/a ALL FM: Mental Health FM	x	x		x	x	x
Barlow Moor Community Association Limited: Time4U			x	x		x
BHA for Equality: Tackling Social Isolation & Increasing Support	x	x		x	x	x
Caritas, Diocese of Salford: North Manchester Befriending Service	x					x
Cheetham Hill Advice Centre: Improving Mental Health Through Debt Advice	x				x	x
Creative Support The Shawe: Wythenshawe Women's Wellbeing			x	x		x
Fit-tastic: Project Life			x			x
The Gaddum Centre: Taking Control in Recovery and Life Programme		x				x
The Gaddum Centre: Pre-therapy Workshops		x		x		x
Growing in the City (Men's Shed Manchester): Growing in the City	x	x	x	x		x
Healthy Me Healthy Communities: Casserole Club		x		x		x
Healthy Me Healthy Communities: People-powered Maps		x		x		x
HerArt CIC: Accrediting Your Creativity		x	x	x		x
Hulme Community Garden Centre: Roots to Progress		x	x	x		x
Just Psychology CIC: Cultural Consultancy	x	x			x	x

Organisation and Project						
Lifeshare Ltd: CARDS Mental Health Support Project	x					x
LMCP Care Link: Improving IAPT Awareness and Access for South Asians	x	x	x		x	x
Make Education a Priority: Local Health and Wellbeing Hub		x		x		x
Manchester Camerata: This Is Me: Recovery and Resilience Through Music	x	x	x	x		x
Manchester Carers Forum: Emotional and Mental Resilience Support for Carers	x	x	x		x	
Manchester Deaf Centre: Wellbeing Deaf	x	x	x	x		x
Manchester Mind: Peer Support / Get Help, Give Help	x	x		x		x
Manchester Mind: Checking Up and Checking In		x				x
Manchester Mind: Building a Healthy Future – Long Term Conditions and Wellbeing in Later Life	x	x	x			x
Moodswings Network: Recovery and Isolation Project	x	x		x		
Noah's ART: Reducing Isolation Through Pet Therapy			x	x		x
North Manchester Wellbeing Centre: Increasing Physical Activity and Effectiveness	x			x		x
Northmoor Community Association: Holistic Northmoor		x			x	x
The Proud Trust: The LGB and Trans Peer Support Project	x	x	x	x	x	x
Sow the City Limited: Green Minds – Growing Food as Therapy for Mental Health	x			x		x
TLC St Luke's: TLC Counselling		x			x	x
Tree of Life Centre Wythenshawe: Tree of Life – Root To A Happier You			x	x	x	x
Trinity House Community Resource Centre: LINK Two – Community Navigator		x			x	x

Appendix C: Methodology

This section contains a detailed methodological description of each evaluation activity.

8.3.1 Initial stakeholder interviews

Initial discussions with 5 strategic stakeholders from MHCC and Macc to explore expectations and aims of the grants programme and its evaluation.

8.3.2 Start-up monitoring and evaluation workshop

Traverse engaged the leads of projects funded through the grants programme in a half-day monitoring and evaluation workshop. This focused on:

- Building links between MHCC, Macc, evaluators and projects;
- Validating the evaluation approach and proposed data collection tools; and
- Exploring potential challenges, risks and success factors anticipated by projects

8.3.3 Midpoint "learn and share" workshop

Traverse facilitated a shared learning workshop at midpoint of the grants programme, which brought projects together to reflect on emerging findings, explore good practice, and share potential solutions to any challenges encountered during project design and delivery.

8.3.4 Project monitoring forms

Traverse produced a standardised monitoring form with space for additional information to be added by projects. The monitoring template captured quantitative information regarding outputs as well as qualitative information regarding key learning and anecdotal impacts. Project leads were also encouraged to submit their own service user feedback and data along with the monitoring forms.

Project monitoring forms were submitted electronically at two timepoints: three months after project initiation and at the project end. The table below summarises the number of projects that returned monitoring forms and completed project end interviews.

Response rate for evaluation activities

Self-evaluation tool	No. of projects that completed (of 35)
3-month project monitoring form	35
Project end monitoring form	32
Project end interviews	32

26 case studies were also submitted across 10 projects.

8.3.5 Project end interviews with project leads

Traverse conducted telephone interviews with project leads at the end their funding period. The focus of these interviews was to double-check and build upon the information that project leads submitted in their project end form. The interviews explored:

- Approaches to engaging project participants and experiences of working alongside project partners;

- Impacts reported at an individual, organisational and community level;

- Opportunities and challenges encountered during project delivery;

- Project sustainability; and

- Support received MHCC, Macc and the evaluators.

A semi-structured topic guide was used to ensure that priority questions were consistently covered.

8.3.6 Survey of project staff and partners

Traverse drew on an analysis of the 3-month monitoring forms to design two short surveys for other members of staff working on projects and project partners. Both surveys explored:

- Reflections on the scope and achievements of the project, including what has worked well, what has worked less well and how any challenges have been overcome;

- Referral pathways and the extent to which projects have signposted to other forms of support;

- Perceived impact of the project on project participants, local organisations and local mental health services; and

- Approaches to sharing learning within organisations, with other projects funded through the grants programme, and with other organisations.

Projects were asked to distribute a link to the online survey to any respondents that they felt could provide an additional perspective on the delivery of their project. 18 responses were received from project staff across 12 projects and 8 responses were received from partners across 5 of the projects.

8.3.7 Interviews with project participants

Traverse undertook interviews with a sample of 8 project participants who had accessed 6 of the projects funded through the grants programme. These were undertaken either face-to-face or over telephone at the interviewee's request. They explored the following areas to inform the creation of

illustrative case studies within the report:

- Background and referral routes into projects;

- Project participants experience of being involved with projects, including what they felt had worked well or less well

- Emerging impacts or expectations around impact

8.3.8 Endline stakeholder interviews

Traverse undertook 7 telephone interviews with other relevant stakeholders, including MHCC leads, Macc leads, and IAPT service providers at the end of the grants programme. These explored:

- Perceptions of any service level impacts and their perceived sustainability;

- Lessons learned from VCSE organisations working in partnership with statutory sector organisations;

- Reflections on the design of the grants programme and evaluation

A semi-structured topic guide was used to ensure that priority questions were consistently covered across all stakeholders.

Appendix D: Breakdown of participants

Participants by project [11]

Project	Total
The Gaddum Centre (Pre-therapy workshops)	186
Caritas, Diocese of Salford	184
The Proud Trust	173
African Caribbean Mental Health Services	164
42nd Street	157
Just Psychology CIC	155
Moodswings	130
NOAH's A.R.T	118
Manchester Mind (Checking Up and Checking In)	118
Healthy Me Healthy Communities (People-Powered Maps)	111
North Manchester Wellbeing Centre	110
The Tree of Life Centre Wythenshawe	110
The Gaddum Centre (Taking Control in Recovery)	104
Northmoor Community Association	103
Sow the City	88
Barlow Moor Community Association	83
Manchester Mind (Peer Support)	70
Trinity House Community Resource Centre	70
Manchester Mind (Building a Healthy Future)	64
Manchester Camerata	55
TLC St Luke's	52
Cheetham Hill Advice Centre	49
Lifeshare Ltd	45
All FM	39
Fit-tastic	35
MEAP	31
Manchester Carers Forum	30
BHA for Equality	27
Growing in the City	25
Healthy Me Healthy Communities (Casserole Club)	22
HerArt	21
Manchester Deaf Centre	20
LMCP	19
Creative Support The Shawe	14
Hulme Community Garden Centre	11

■ White □ BAME

[11] Please note that participants have been double-counted where funded projects targeted more than one programme objective or geographic area, or were classified under more than one typology.
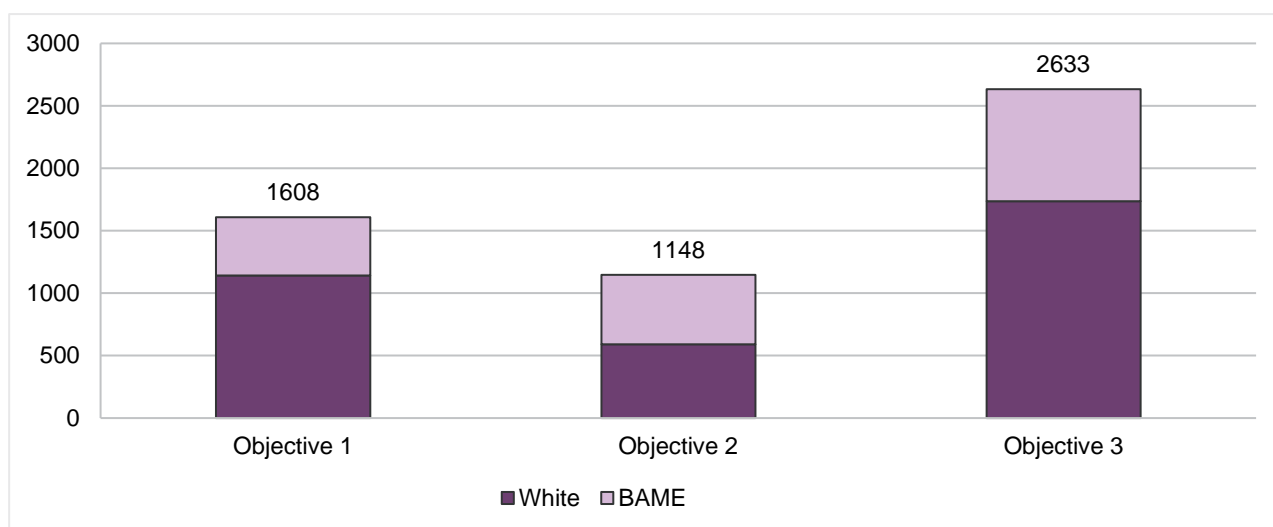
Project participant numbers drawn from 3-month monitoring forms for: Growing in the City; Lifeshare Limited and Manchester Camerata.

Just Psychology participants have been assumed to have a BAME background as the project engaged Chinese, Somali and Eastern European communities.
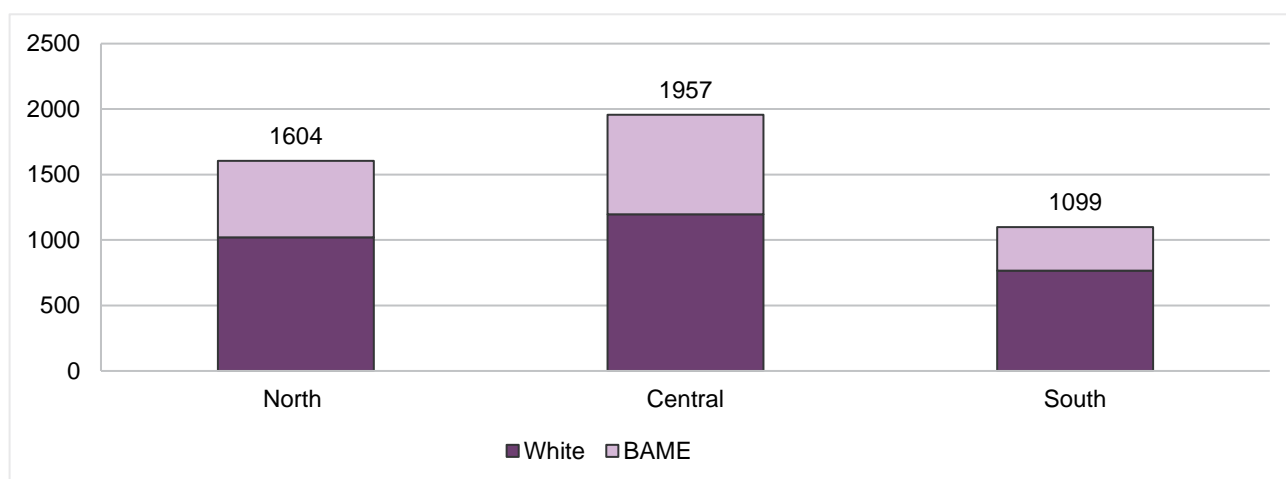
The number of participants reported for 42nd Street represents the total number of participants that accessed IAPT treatment during the funding period. The actual number of participants engaged is likely to be far higher given that data for attrition between referral, assessment and treatment was unavailable, and the Engagement Officer also worked on 42nd Street's counselling service and psycho-social work strands.
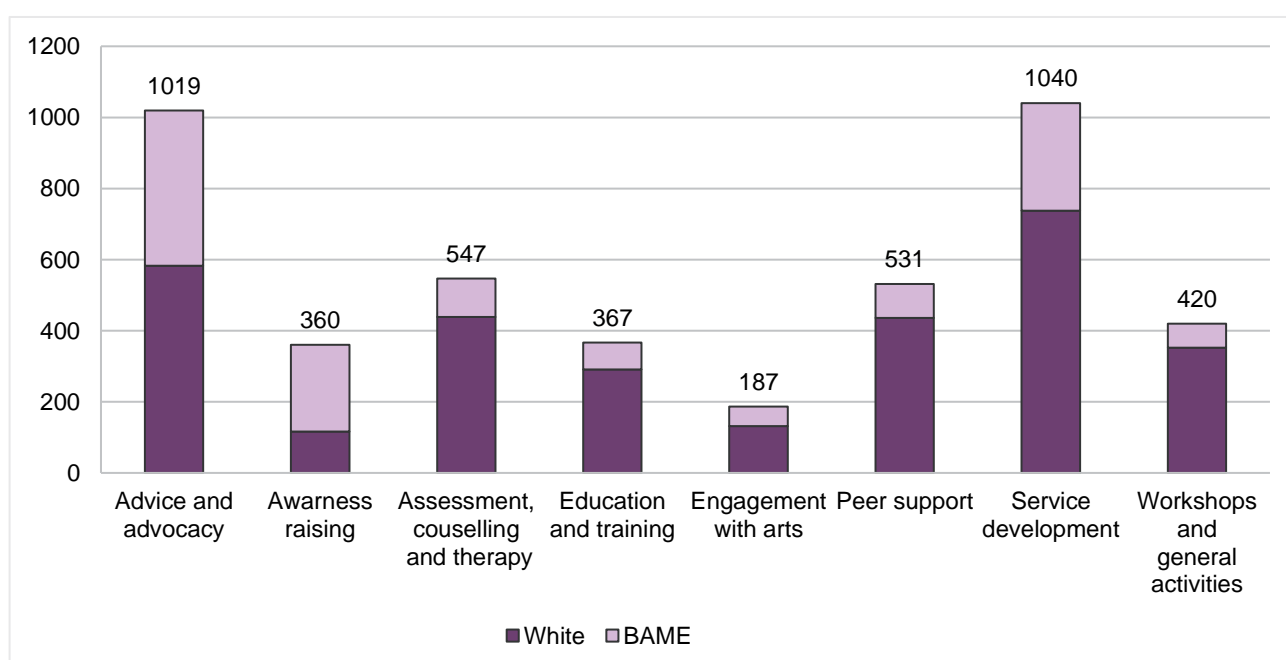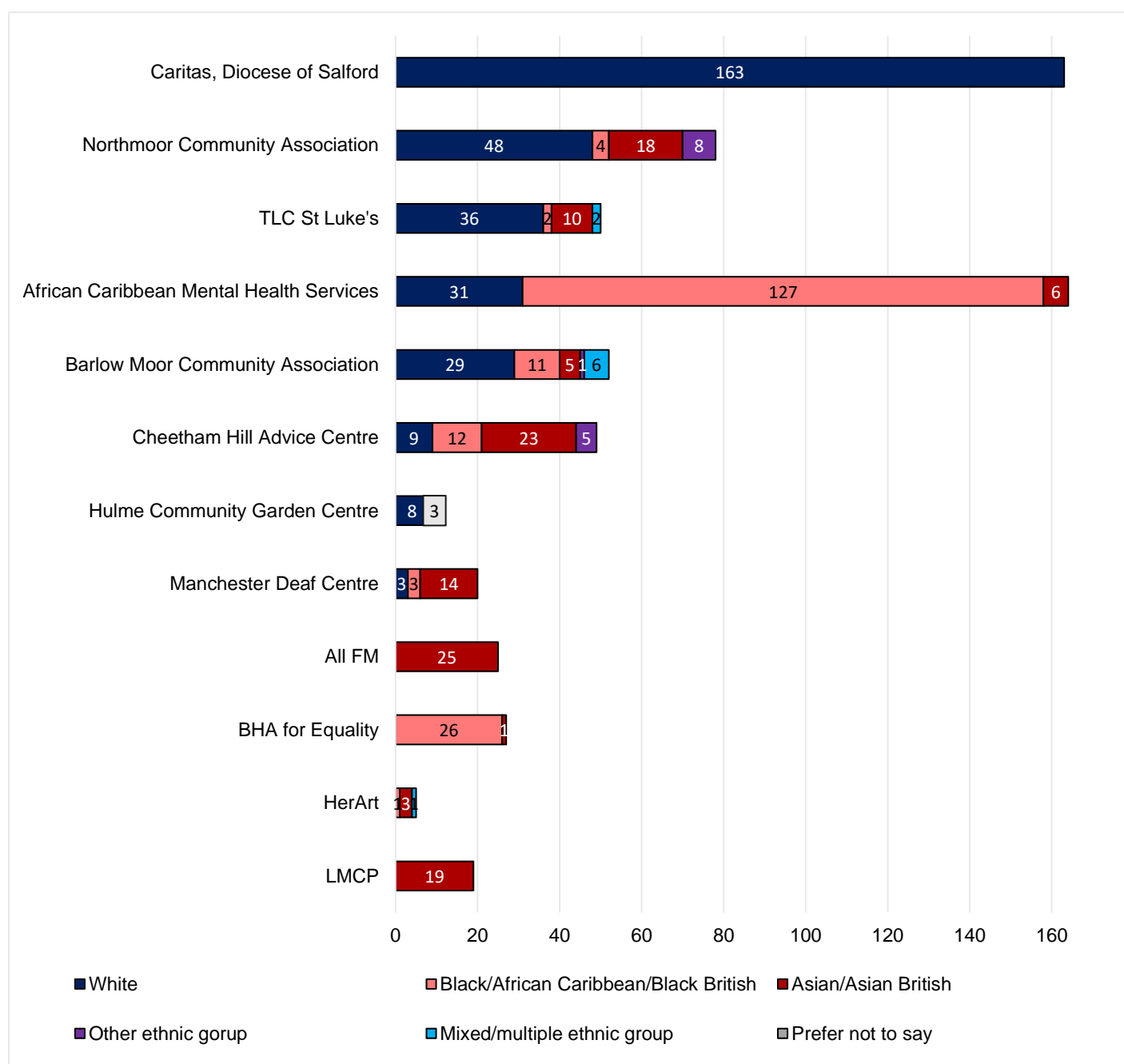
Participants by programme objective

Participants by CCG area

Participants by project typology

Open
Released -   Version 4.0

Ethnic breakdown of participants

Chart legend:
- White
- Black/African Caribbean/Black British
- Asian/Asian British
- Other ethnic gorup
- Mixed/multiple ethnic group
- Prefer not to say